| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF MISSOURI | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | | |
|----|--|--|-------------|---|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Stephen First name Tyler Middle name Sherrell Last name and Suffix (Sr., Jr., II, III) | _ _ _ | Maria First name Anntoinnette Middle name Sherrell Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-2029 | | xxx-xx-3254 |

Debtor 1 Stephen Tyler Sherrell
Debtor 2 Maria Anntoinnette Sherrell

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ■ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 7598 Calvey Creek Rd | If Debtor 2 lives at a different address: |
| | | Dittmer, MO 63023 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Jefferson | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

Pg 3 of 75 Stephen Tyler Sherrell Debtor 1 Debtor 2 **Maria Anntoinnette Sherrell** Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. When Case number District District When Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When Case number, if known District

11. Do you rent your residence?

■ No.

Go to line 12.

☐ Yes.

Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

| Deb | otor 2 Maria Anntoinnett | e Sherre | II | Case number (if known) |
|-----|---|--------------------|---|--|
| | | | | |
| Par | t 3: Report About Any Bu | ısinesses | You Own as a Sole Proprie | tor |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | |
| | | ☐ Yes. | Name and location of bus | siness |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, Sta | |
| | it to this petition. | | | ox to describe your business: |
| | | | _ | ness (as defined in 11 U.S.C. § 101(27A)) |
| | | | ☐ Single Asset Rea | Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | ☐ Stockbroker (as d | lefined in 11 U.S.C. § 101(53A)) |
| | | | ☐ Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) |
| | | | ■ None of the above | e |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation | s. If you indicate that you are | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure |
| | For a definition of small | ■ No. | I am not filing under Chap | oter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter Code. | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am filing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Par | t 4: Report if You Own or | Have Any | Hazardous Property or An | y Property That Needs Immediate Attention |
| 14. | Do you own or have any | ■ No. | | |
| | property that poses or is alleged to pose a threat of imminent and | ☐ Yes. | What is the hazard? | |
| | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | |
| | J - · · · - j · · · · | | | Number, Street, City, State & Zip Code |

Debtor 1 Stephen Tyler Sherrell
Debtor 2 Maria Anntoinnette Sherrell

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| | tor 1 Stephen Tyler Shotor 2 Maria Anntoinnet | | · · | 0 01 75 | Case number (ii | f known) |
|------|---|----------------------------------|---|--|---|---|
| Par | 6: Answer These Quest | ions for R | eporting Purposes | | | |
| | What kind of debts do | 16a. | | ımer debts? Cons | sumer debts are defined | d in 11 U.S.C. § 101(8) as "incurred by an |
| | you have? | | individual primarily for a personal | l, family, or househ | nold purpose." | - '' |
| | | | ☐ No. Go to line 16b. | | | |
| | | | Yes. Go to line 17. | | | |
| | | 16b. | Are your debts primarily busine money for a business or investme | | | |
| | | | ☐ No. Go to line 16c. | G | • | |
| | | | ☐ Yes. Go to line 17. | | | |
| | | 16c. | State the type of debts you owe t | hat are not consur | ner debts or business o | debts |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. G | Go to line 18. | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will | ■ Yes. | I am filing under Chapter 7. Do yo are paid that funds will be availab | | | y is excluded and administrative expenses |
| ar | | | No | | | |
| | be available for distribution to unsecured creditors? | | Yes | | | |
| 18. | How many Creditors do | ■ 1-49 | | 1 ,000-5,000 | | ☐ 25,001-50,000 |
| | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,000 | | 50,001-100,000 |
| | | ☐ 100-1 ☐ 200-9 | | □ 10,001-25,00 | 00 | ☐ More than100,000 |
| 19. | How much do you | □ \$0 - \$ | 550,000 | □ \$1,000,001 - | - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | | 001 - \$100,000 | □ \$10,000,001 | | □ \$1,000,000,001 - \$10 billion |
| | | | ,001 - \$500,000 ,001 - \$1 million | □ \$50,000,001 □ \$100,000,00 |)1 - \$100 million)1 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| 20. | How much do you | □ \$0 - \$ | 550,000 | □ \$1,000,001 · | - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your liabilities to be? | | 001 - \$100,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | | \$1,000,000,001 - \$10 billion |
| | | | ,001 - \$500,000 ,001 - \$1 million | | i - \$100 million)1 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| Pari | t7: Sign Below | — фооо, | | | · | · |
| | you | I have a | xamined this petition, and I declare | under penalty of r | acrium, that the informat | tion provided in true and correct |
| FOI | you | | • | . , . | • | · |
| | | | chosen to file under Chapter 7, I are tates Code. I understand the relief | | | nder Chapter 7, 11,12, or 13 of title 11, use to proceed under Chapter 7. |
| | | | orney represents me and I did not p nt, I have obtained and read the no | | | n attorney to help me fill out this |
| | | I request | relief in accordance with the chap | ter of title 11, Unite | ed States Code, specific | ed in this petition. |
| | | I underst bankrupt and 357 | tand making a false statement, concealing property, or obtaining money or property by fraud in connection with a tcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | |
| | | /s/ Step | hen Tyler Sherrell | | /s/ Maria Anntoinn | |
| | | | n Tyler Sherrell e of Debtor 1 | | Maria Anntoinnette Signature of Debtor 2 | |
| | | Executed | d on December 23, 2019 | | Executed on Decei | |
| | | | MM / DD / YYYY | | MM / Γ | DD / YYYY |

| Debtor 1 | Stephen Tyler Sho | errell | Pg 7 of 75 | | |
|----------|----------------------|-------------------------------|---|--------------------------------|----------------------------------|
| | | | | Case number (if known) | |
| | | | | | |
| | | | | | |
| For your | attorney, if you are | I, the attorney for the debto | r(s) named in this petition, declare that | at I have informed the debtor(| (s) about eligibility to proceed |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Michael Toscano | Date | December 23, 2019 |
|--|---------------|---------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Michael Toscano | | |
| Printed name | | |
| Toscano & Wilson Law LLC | | |
| Firm name | | |
| 10880 Baur Blvd | | |
| Saint Louis, MO 63132 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (314) 801-1335 | Email address | courts@twlawstl.com |
| 61483MO MO | | |
| Bar number & State | | |

| Fill in this inforr | nation to identify your | case: | 179 8 01 75 | |
|---------------------------|-------------------------|--------------------|-------------|--------------------------------------|
| Debtor 1 | Stephen Tyler Sh | errell | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Maria Anntoinnet | te Sherrell | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court for the: | EASTERN DISTRICT O | DF MISSOURI | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Pai | t 1: Summarize Your Assets | Your a | |
|-----|--|-------------|--------------------------|
| | | value | of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 269,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 54,751.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 323,751.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 271,759.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 113,779.48 |
| | Your total liabilities | \$ | 385,538.48 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 5,492.38 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 5,470.92 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for | a personal | , family, or |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Stephen Tyler Sherrell

Debtor 2 Maria Anntoinnette Sherrell Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

10,025.15

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total c | laim |
|--|---------|-----------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 98,864.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 98,864.00 |

| Fill in this info | | | Pa 10 of 75 | | |
|---------------------------------------|--|---|--|--|---|
| | ormation to identity you | ır case and this fil | | | |
| Debtor 1 | Stephen Tyler S | Sherrell | | | |
| | First Name | Middle Name | e Last Name | | |
| Debtor 2 | Maria Anntoinn | | | | |
| Spouse, if filing) | First Name | Middle Name | | | |
| Jnited States | Bankruptcy Court for the | EASTERN DIST | TRICT OF MISSOURI | | |
| Case number | | | | | Check if this is an amended filing |
| n each category hink it fits best. | Be as complete and accu nore space is needed, attac | ibe items. List an as rate as possible. If t | sset only once. If an asset fits in more than o two married people are filing together, both a to this form. On the top of any additional pag | re equally responsible for | or supplying correct |
| ■ Yes. When | e is the property? | | | | |
| 1.1 | | w | /hat is the property? Check all that apply | | |
| 1.1 7598 Ca | ılvey Creek Rd | w | /hat is the property? Check all that apply Single-family home | Do not deduct secure | ed claims or exemptions. Put |
| 7598 Ca | Ilvey Creek Rd ss, if available, or other descripti | | | the amount of any se | ed claims or exemptions. Put cured claims on <i>Schedule D:</i> <i>Claims Secured by Property.</i> |
| 7598 Ca | ess, if available, or other descripti | | Single-family home Duplex or multi-unit building Condominium or cooperative | the amount of any se Creditors Who Have Current value of the | cured claims on Schedule D: Claims Secured by Property. Current value of the |
| 7598 Ca Street addres | ess, if available, or other descripti | on | ■ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home | the amount of any se Creditors Who Have | cured claims on Schedule D: Claims Secured by Property. Current value of the portion you own? |
| 7598 Ca Street addre | ss, if available, or other descripti | 3023-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare | the amount of any se Creditors Who Have Current value of the entire property? \$169,000.0 | Current value of the portion you own? 10 \$169,000.00 |
| 7598 Ca Street addre | ss, if available, or other descripti | 3023-0000 ZIP Code | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Into has an interest in the property? Check one | Current value of the entire property? \$169,000.0 Describe the nature (such as fee simple a life estate), if known | Current value of the portion you own? Claims Secured by Property. Current value of the portion you own? Secured by Property. |
| 7598 Ca Street addre | MO 63 | 3023-0000 ZIP Code | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Other Debtor 1 only | Current value of the entire property? \$169,000.0 Describe the nature (such as fee simple | Current value of the portion you own? Claims Secured by Property. Current value of the portion you own? Secured by Property. |
| 7598 Ca Street addre | MO 63 | 3023-0000 ZIP Code | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Other Debtor 1 only Debtor 2 only | Current value of the entire property? \$169,000.0 Describe the nature (such as fee simple a life estate), if known | Current value of the portion you own? Claims Secured by Property. Current value of the portion you own? Secured by Property. |
| 7598 Ca Street addres Dittmer City | MO 63 | 3023-0000 ZIP Code | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Other Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Current value of the entire property? \$169,000.0 Describe the nature (such as fee simple a life estate), if know TBE | Current value of the portion you own? Claims Secured by Property. Current value of the portion you own? Secured by Property. |
| 7598 Ca Street addre | MO 63 | 3023-0000 ZIP Code | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Other Debtor 1 only Debtor 2 only | Current value of the entire property? \$169,000.0 Describe the nature (such as fee simple a life estate), if know TBE | Current value of the portion you own? Of your ownership interest, tenancy by the entireties, own. |

| lf y | ou own or ha | ve more | than one, list | | | | |
|--|---|-----------------|--------------------------------------|---|---|---|--|
| 216 | 6 Todd Lane | | | What | t is the property? Check all that apply | | |
| | et address, if availabl | e. or other des | scription | | Single-family home | Do not deduct secured cla the amount of any secure | |
| | , | -, | | | Duplex or multi-unit building | Creditors Who Have Clair | |
| | | | | | Condominium or cooperative | | |
| | | | | | Manufactured or mobile home | Current value of the | Current value of the |
| Bel | elleville | IL | 62221-0000 | | Land | entire property? | portion you own? |
| City | | State | ZIP Code | | Investment property | \$100,000.00 | \$100,000. |
| | | | | | | Describe the nature of y | our ownership interes |
| | | | | \ | | (such as fee simple, ten a life estate), if known. | ancy by the entireties, |
| | | | | wno | has an interest in the property? Check one Debtor 1 only | TBE | |
| Sai | int Clair | | | | =, | | |
| Cour | | | | | | | |
| oou. | , | | | _ | , | Check if this is com | nmunity property |
| | | | | _ | r information you wish to add about this ite | , | |
| | | | | | erty identification number: | , • | |
| | | | | | any vehicles, whether they are register | | ehicles you own that |
| one ars, | e else drives. If y | ou lease a | | ort it on S | Schedule G: Executory Contracts and Un | | ehicles you own that |
| one ars, No | e else drives. If y | ou lease a | vehicle, also rep | ort it on S | Schedule G: Executory Contracts and Un | | ehicles you own that |
| eone ars, No Yes | e else drives. If y | ou lease a | vehicle, also rep | ort it on S | Schedule G: Executory Contracts and Un | Do not deduct secured cl | aims or exemptions. Put |
| one ars, No Yes | e else drives. If y vans, trucks, ti | ou lease a | vehicle, also report utility vehicle | ort it on S | Schedule G: Executory Contracts and Un orcycles an interest in the property? Check one | expired Leases. | aims or exemptions. Put ed claims on Schedule D. |
| eone ars, No Yes | e else drives. If y vans, trucks, tr | ou lease a | vehicle, also report utility vehicle | ort it on S es, moto | Schedule G: Executory Contracts and Un procycles an interest in the property? Check one 1 only | Do not deduct secured cl the amount of any secure Creditors Who Have Clai | aims or exemptions. Put ed claims on Schedule Di ms Secured by Property. |
| ars, Yes | e else drives. If y vans, trucks, tr s lake: Jeep lodel: Wrang | ou lease a | vehicle, also rep | Who has a | Schedule G: Executory Contracts and Un procycles an interest in the property? Check one 1 only | Do not deduct secured cl the amount of any secure | aims or exemptions. Put d claims on Schedule D. |
| No Yes Ma | e else drives. If y vans, trucks, tr s lake: lodel: ear: 2007 | ou lease a | vehicle, also report utility vehicle | Who has a Debtor Debtor Debtor | Schedule G: Executory Contracts and Unorcycles an interest in the property? Check one 1 only 2 only | Do not deduct secured cl the amount of any secure Creditors Who Have Clair | aims or exemptions. Put ed claims on Schedule D ims Secured by Property Current value of the |
| No Yes Ma | e else drives. If y vans, trucks, tr s lake: lodel: ear: 2007 pproximate mileag | ou lease a | vehicle, also report utility vehicle | Who has a Debtor Debtor At least | Schedule G: Executory Contracts and Unorcycles an interest in the property? Check one 1 only 2 only 1 and Debtor 2 only | Do not deduct secured cl the amount of any secure Creditors Who Have Clair | aims or exemptions. Put ed claims on <i>Schedule D</i> ims <i>Secured by Property</i> . Current value of the portion you own? |
| Manager Manage | e else drives. If y vans, trucks, tr s lake: Jeep lodel: Wrang ear: 2007 pproximate mileag ther information: | ou lease a | vehicle, also report utility vehicle | Who has a Debtor Debtor At least (see inst | Schedule G: Executory Contracts and Unorcycles an interest in the property? Check one 1 only 2 only 1 and Debtor 2 only tone of the debtors and another if this is community property tructions) | Do not deduct secured clothe amount of any secure Creditors Who Have Clair Current value of the entire property? \$9,000.00 | aims or exemptions. Put ad claims on Schedule D ims Secured by Property. Current value of the portion you own? \$9,000.0 |
| No Yes Mi Mi Ye | e else drives. If y vans, trucks, tr s lake: Jeep lodel: Wrang ear: 2007 pproximate mileagother information: | ler | vehicle, also report utility vehicle | Who has a Debtor Debtor At least (see inst | Schedule G: Executory Contracts and Unorcycles an interest in the property? Check one 1 only 2 only 1 and Debtor 2 only t one of the debtors and another if this is community property tructions) an interest in the property? Check one | Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? \$9,000.00 | aims or exemptions. Put ed claims on Schedule D ims Secured by Property Current value of the portion you own? \$9,000.0 |
| Manager Manage | e else drives. If y vans, trucks, tr lake: Jeep lodel: Wrang ear: 2007 pproximate mileage ther information: lake: Ford lodel: Range | ler | vehicle, also report utility vehicle | Who has a Debtor Debtor At least (see inst | Schedule G: Executory Contracts and Unorcycles an interest in the property? Check one 1 only 2 only 1 and Debtor 2 only 1 one of the debtors and another if this is community property tructions) an interest in the property? Check one 1 only | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$9,000.00 Do not deduct secured class amount of any secure Creditors Who Have Clair Creditors Who Have Clair | aims or exemptions. Put ed claims on Schedule D ims Secured by Property Current value of the portion you own? \$9,000.0 aims or exemptions. Put ed claims on Schedule D ims Secured by Property |
| Man | e else drives. If y vans, trucks, tr lake: Jeep Wrang 2007 pproximate mileag wher information: lake: Ford lodel: Range ear: 2010 | ler e: | vehicle, also report utility vehicle | Who has a Debtor Debtor At least (see inst | An interest in the property? Check one 1 only 2 only 1 and Debtor 2 only t one of the debtors and another if this is community property tructions) an interest in the property? Check one 1 only 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? \$9,000.00 Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the | aims or exemptions. Put ed claims on Schedule D ims Secured by Property Current value of the portion you own? \$9,000.0 aims or exemptions. Put ed claims on Schedule D ims Secured by Property Current value of the |
| Mars, | e else drives. If y vans, trucks, tr lake: Jeep lodel: Wrang ear: 2007 pproximate mileage ther information: lake: Ford lodel: Range | ler e: | vehicle, also report utility vehicle | Who has a Debtor At least (see inst Who has a Debtor Debtor | An interest in the property? Check one 1 only 2 only 1 and Debtor 2 only t one of the debtors and another if this is community property tructions) an interest in the property? Check one 1 only 2 only 1 and Debtor 2 only | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$9,000.00 Do not deduct secured class amount of any secure Creditors Who Have Clair Creditors Who Have Clair | aims or exemptions. Put ed claims on Schedule D ims Secured by Property. Current value of the portion you own? \$9,000.0 |
| Man Man Man Man Appendix Appen | e else drives. If y vans, trucks, tr lake: Jeep Mrang ear: 2007 pproximate mileag ther information: lake: Ford lodel: Range ear: 2010 pproximate mileag | ler e: | vehicle, also report utility vehicle | Who has a Debtor At least (see inst Who has a Debtor Debtor | An interest in the property? Check one 1 only 2 only 1 and Debtor 2 only t one of the debtors and another if this is community property tructions) an interest in the property? Check one 1 only 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? \$9,000.00 Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the | aims or exemptions. Put ed claims on Schedule D ims Secured by Property. Current value of the portion you own? \$9,000.0 aims or exemptions. Put ed claims on Schedule D ims Secured by Property. Current value of the |

| Debtor 1 Debtor 2 | Stephen Tyler Sherrell Maria Anntoinnette Sherrell | C | case number (if known) | |
|-----------------------|---|---|--------------------------------|---|
| 3.3 Mal | del: Silverado | Who has an interest in the property? Check one ☐ Debtor 1 only | the amount of any secure | laims or exemptions. Put ed claims on <i>Schedule D:</i> ims Secured by Property. |
| Yea | | Debtor 2 only | Current value of the | Current value of the |
| | proximate mileage: 90,000 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| Oth | ner information: | \square At least one of the debtors and another | | |
| | | Check if this is community property (see instructions) | \$8,500.00 | \$8,500.00 |
| Example ■ No □ Yes | es: Boats, trailers, motors, personal wa | nd other recreational vehicles, other vehicles, and atercraft, fishing vessels, snowmobiles, motorcycle | accessories | |
| | | n for all of your entries from Part 2, including a that number here | | \$22,000.00 |
| | escribe Your Personal and Household It | | | |
| Do you o | wn or have any legal or equitable ir | terest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <i>Examp</i> □ No | hold goods and furnishings bles: Major appliances, furniture, linens . Describe | s, china, kitchenware | | |
| | Household goo | ds | | \$2,000.00 |
| | Appliances | | | \$400.00 |
| □ No | oles: Televisions and radios; audio, vid | eo, stereo, and digital equipment; computers, print nedia players, games | ers, scanners; music collecti | ions; electronic devices |
| | Electronics | | | \$1,500.00 |
| Examp ■ No | tibles of value tibles: Antiques and figurines; paintings, other collections, memorabilia, co | prints, or other artwork; books, pictures, or other a bllectibles | rt objects; stamp, coin, or ba | aseball card collections; |
| Examp | nent for sports and hobbies oles: Sports, photographic, exercise, a musical instruments | nd other hobby equipment; bicycles, pool tables, go | olf clubs, skis; canoes and k | ayaks; carpentry tools; |
| ■ No □ Yes | . Describe | | | |
| 0. Firear Exam | r ms Inples: Pistols, rifles, shotguns, ammun | ition, and related equipment | | |
| Yes | . Describe | | | |

| Debtor 1 Debtor 2 | Stephen Tyl Maria Annto | ler Sherrell binnette Sherrell | | Case number (if known) | |
|------------------------------------|--|-----------------------------------|--|---------------------------------|---|
| | | 22Ir rifle | | | \$100.00 |
| | | Black powder rifle | | | \$100.00 |
| | | Marlin 44 | | | \$100.00 |
| □ No | | lothes, furs, leather coats, | designer wear, shoes, accessories | | |
| | | Clothing | | | \$300.00 |
| □ No | • | | ngagement rings, wedding rings, heirloor | n jewelry, watches, gems, g | |
| | | Wedding ring | | | \$3,000.00 |
| | | Earrings | | | \$500.00 |
| Examp ■ No □ Yes. 14. Any ot ■ No | arm animals oles: Dogs, cats, Describe ther personal ar Give specific in | nd household items you o | did not already list, including any hea | lth aids you did not list | |
| | | | n Part 3, including any entries for pag | ges you have attached | \$8,000.00 |
| | scribe Your Finar | | | | |
| Do you ov | wn or have any | legal or equitable interes | t in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | | have in your wallet, in you | r home, in a safe deposit box, and on ha | and when you file your petition | on |
| | | | accounts; certificates of deposit; shares into with the same institution, list each. | in credit unions, brokerage h | nouses, and other similar |
| | | | Institution name: | | |
| | | 17.1. Checking | Bank of America | | \$234.00 |

| De | ebtor 2 Ma | aria Anntoinnette | Sherrell | | Case number (if known) | |
|-----|----------------------------------|---|--|--|--|-----------------------|
| | | 17.2 | Checking | Bank of America | | \$122.00 |
| | | 17.3 | Savings | Bank of America | | \$111.00 |
| | | 17.4 | . Checking | Commerce Bank | | \$84.00 |
| 18. | | tual funds, or publ i Bond funds, investn | | okerage firms, money market accounts | | |
| | Yes | | Institution or issuer | name: | | |
| | | | Stocks - Robinho | ood | | \$200.00 |
| | joint ventu ■ No | e specific information | d interests in incorporate in about them | | s, including an interest in an L % of ownership: | LLC, partnership, and |
| | Negotiable Non-negoti ■ No | instruments include lable instruments are especific information | personal checks, case those you cannot tra | tiable and non-negotiable instruments hiers' checks, promissory notes, and mor nsfer to someone by signing or delivering | ney orders. | |
| 21. | Examples: | | ISA, Keogh, 401(k), 4 | 03(b), thrift savings accounts, or other pe | ension or profit-sharing plans | |
| | ■ Yes. List | each account separa Type | ately. e of account: | Institution name: | | |
| | | 401 | (k) | Retirement account | | \$12,000.00 |
| | | IRA | | Retirement account | | \$12,000.00 |
| 22. | Your share | Agreements with lar | sits you have made so | that you may continue service or use fro public utilities (electric, gas, water), telectors. Institution name or individual: | | others |
| 23. | | | odic payment of mone | ey to you, either for life or for a number of | vears) | |
| | ■ No □ Yes | | me and description. | , , | , | |
| 24. | | an education IRA, § 530(b)(1), 529A(b) | | ualified ABLE program, or under a qua | dified state tuition program. | |
| | ■ No □ Yes | Institution | name and description | n. Separately file the records of any intere | ests.11 U.S.C. § 521(c): | |
| 25. | | itable or future into | erests in property (o | ther than anything listed in line 1), and | l rights or powers exercisable | e for your benefit |
| | ■ No □ Yes Give | e specific information | n about them | | | |

Official Form 106A/B Schedule A/B: Property

Debtor 1

| | ebtor 1 ebtor 2 | Stephen Tyler Sherrell Maria Anntoinnette Sherre | . y _ | | Case number (if known) | |
|-----|------------------------|---|---------------------------------|------------------|----------------------------------|---|
| 26. | | , copyrights, trademarks, trade les: Internet domain names, web | | | ureements | |
| | ■ No | · | , | 3 10 | , | |
| | | Give specific information about the | | | | |
| 27. | | es, franchises, and other gener les: Building permits, exclusive lie | | n holdings, liqu | or licenses, professional licens | es |
| | | Give specific information about the | nem | | | |
| M | oney or p | roperty owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | _ | ınds owed to you | | | | ciains of exemptions. |
| | ■ No □ Yes. 0 | Give specific information about th | em, including whether you alre | ady filed the re | turns and the tax years | |
| | | | | | | |
| 29. | Family : Example ■ No | support les: Past due or lump sum alimor | ny, spousal support, child supp | ort, maintenand | ee, divorce settlement, property | settlement |
| | | Give specific information | | | | |
| 30. | | mounts someone owes you les: Unpaid wages, disability insubenefits; unpaid loans you m | | efits, sick pay, | vacation pay, workers' compe | nsation, Social Security |
| | ■ No | O | | | | |
| | | Give specific information | | | | |
| 31. | | s in insurance policies les: Health, disability, or life insur | ance; health savings account | HSA); credit, h | omeowner's, or renter's insura | nce |
| | | Name the insurance company of | | D | | Companded as reformed |
| | | Company r | name: | B | eneficiary: | Surrender or refund value: |
| | | Employe | r provided term policy | | | \$0.00 |
| 32. | If you a someor | erest in property that is due yo re the beneficiary of a living trust he has died. | | | or are currently entitled to rec | eive property because |
| | ⊔ Yes. | Give specific information | | | | |
| 33. | _Examp | against third parties, whether les: Accidents, employment disp | | | emand for payment | |
| | ■ No □ Yes. | Describe each claim | | | | |
| 34. | Other c | ontingent and unliquidated cla | ims of every nature, includir | g counterclair | ns of the debtor and rights to | set off claims |
| | ☐ Yes. | Describe each claim | | | | |
| 35. | | ancial assets you did not alrea | dy list | | | |
| | □ No ■ Yes. | Give specific information | | | | |
| | | Ī | Pending workers compen | sation claim. | Has not been settled. | Unknown |

Official Form 106A/B Schedule A/B: Property

page 6

| Debtor 1 | Stephen Tyler Sherrell | J 10 01 73 | | |
|-------------------|---|------------------------------|------------------------------|--------------|
| Debtor 2 | Maria Anntoinnette Sherrell | | Case number (if known) | |
| 00 411 | | | | |
| | the dollar value of all of your entries from Part 4, includin Part 4. Write that number here | | jes you have attached | \$24,751.00 |
| Part 5: De | escribe Any Business-Related Property You Own or Have an Inte | erest In. List any real esta | ate in Part 1. | |
| 37. Do you | own or have any legal or equitable interest in any business-relati | ted property? | | |
| No. G | to to Part 6. | | | |
| ☐ Yes. | Go to line 38. | | | |
| | escribe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1. | u Own or Have an Interes | st In. | |
| | u own or have any legal or equitable interest in any farm | - or commercial fishir | ng-related property? | |
| ■ No | . Go to Part 7. | | | |
| ☐ Ye | s. Go to line 47. | | | |
| Part 7: | Describe All Property You Own or Have an Interest in That Yo | ou Did Not List Above | | |
| 53. Do yo | u have other property of any kind you did not already list | t? | | |
| | aples: Season tickets, country club membership | | | |
| ■ No | | | | |
| ☐ Yes. | . Give specific information | | | |
| 54. Add | the dollar value of all of your entries from Part 7. Write the | nat number here | | \$0.00 |
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55. Part | 1: Total real estate, line 2 | | | \$269,000.00 |
| 56. Part | 2: Total vehicles, line 5 | \$22,000.00 | | |
| 57. Part | 3: Total personal and household items, line 15 | \$8,000.00 | | |
| 58. Part | 4: Total financial assets, line 36 | \$24,751.00 | | |
| 59. Part | 5: Total business-related property, line 45 | \$0.00 | | |
| 60. Part | 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. Part | 7: Total other property not listed, line 54 | \$0.00 | | |
| 62. Tota | I personal property. Add lines 56 through 61 | \$54,751.00 | Copy personal property total | \$54,751.00 |
| 63. Tota | I of all property on Schedule A/B. Add line 55 + line 62 | | | \$323,751.00 |

| Fill in this infor | mation to identify your | case: | rg Ir or ra | |
|---------------------|--------------------------|--------------------|-------------|--------------------------------------|
| Debtor 1 | Stephen Tyler Sh | errell | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Maria Anntoinnet | te Sherrell | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F MISSOURI | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

| 1. | Which set of exemption | ons are you claiming | ? Check one only | , even if your s | spouse is filing with y | vou. |
|----|------------------------|----------------------|------------------|------------------|-------------------------|------|
| | | | | | | |

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | he Amount of the exemption you claim | | Specific laws that allow exemption |
|--|--------------------------------------|--------------------------------------|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 7598 Calvey Creek Rd Dittmer, MO 63023 Jefferson County | \$169,000.00 | | \$10,753.00 | RSMo § 513.475 |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2007 Jeep Wrangler 170,000 miles | \$9,000.00 | | \$0.00 | RSMo § 513.430.1(5) |
| Line IIIIII Schedule Arb. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2010 Ford Ranger 140,000 miles | \$4,500.00 | | \$0.00 | RSMo § 513.430.1(5) |
| Ellie Holli Golloddio 172. G. | | | 100% of fair market value, up to any applicable statutory limit | |
| 2003 Chevrolet Silverado 90,000 miles | \$8,500.00 | | \$6,000.00 | RSMo § 513.430.1(5) |
| Line from Schedule A/B: 3.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2003 Chevrolet Silverado 90,000 miles | \$8,500.00 | | \$2,300.00 | RSMo § 513.440 |
| Line from Schedule A/B: 3.3 | | | 100% of fair market value, up to any applicable statutory limit | |

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Debtor 1 Maria Anntoinnette Sherrell Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Household goods RSMo § 513.430.1(1) \$2,000.00 \$2,000.00 Line from Schedule A/B: 6.1 100% of fair market value, up to any applicable statutory limit **Appliances** RSMo § 513.430.1(1) \$400.00 \$400.00 Line from Schedule A/B: 6.2 100% of fair market value, up to any applicable statutory limit **Electronics** RSMo § 513.430.1(1) \$1,500.00 \$1,500.00 Line from Schedule A/B: 7.1 100% of fair market value, up to any applicable statutory limit 22Ir rifle RSMo § 513.430.1(12) \$100.00 \$100.00 Line from Schedule A/B: 10.1 100% of fair market value, up to any applicable statutory limit Black powder rifle RSMo § 513.430.1(12) \$100.00 \$100.00 Line from Schedule A/B: 10.2 100% of fair market value, up to any applicable statutory limit Marlin 44 RSMo § 513.430.1(12) \$100.00 \$100.00 Line from Schedule A/B: 10.3 100% of fair market value, up to any applicable statutory limit Clothing RSMo § 513.430.1(1) \$300.00 \$300.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Wedding ring RSMo § 513.430.1(2) \$3,000.00 \$3,000.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit **Earrings** RSMo § 513.430.1(2) \$500.00 \$500.00 Line from Schedule A/B: 12.2 100% of fair market value, up to any applicable statutory limit Checking: Bank of America RSMo § 513.430.1(3) \$234.00 \$234.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Checking: Bank of America RSMo § 513.430.1(3) \$122.00 \$122.00 Line from Schedule A/B: 17.2 П 100% of fair market value, up to any applicable statutory limit

| ebtor 2 Maria Anntoinnette Sherrell | | | Case number (if known) | |
|--|--------------------------------------|---------|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| Savings: Bank of America Line from Schedule A/B: 17.3 | \$111.00 | • | \$111.00 | RSMo § 513.430.1(3) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: Commerce Bank Line from Schedule A/B: 17.4 | \$84.00 | | \$84.00 | RSMo § 513.430.1(3) |
| 2.10 110111 0011000010 772. 1111 | | | 100% of fair market value, up to any applicable statutory limit | |
| Stocks - Robinhood Line from Schedule A/B: 18.1 | \$200.00 | | \$200.00 | RSMo § 513.430.1(3) |
| Ellie II olii ochodale 742. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 401(k): Retirement account Line from Schedule A/B: 21.1 | \$12,000.00 | | \$12,000.00 | RSMo § 513.430.1(10)(f) |
| Zino nom conceano 702. Zini | | | 100% of fair market value, up to any applicable statutory limit | |
| IRA: Retirement account Line from Schedule A/B: 21.2 | \$12,000.00 | | \$12,000.00 | RSMo § 513.430.1(10)(f) |
| Ellie Irolli Goriodale 702. 2112 | | | 100% of fair market value, up to any applicable statutory limit | |
| Employer provided term policy Line from Schedule A/B: 31.1 | \$0.00 | | \$0.00 | RSMo § 513.430.1(7) |
| Ellie II olii osii osii osii olii olii olii olii | | | 100% of fair market value, up to any applicable statutory limit | |
| Pending workers compensation claim. Has not been settled. | Unknown | | \$0.00 | RSMo § 287.260 |
| Line from Schedule A/B: 35.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every | | | led on or after the date of adjustmen | nt.) |
| ☐ Yes. Did you acquire the property cove☐ No | red by the exemption wi | ithin 1 | ,215 days before you filed this case | ? |
| □ Yes | | | | |

| | | | Pg 20 of 75 | |
|---------------------|------------------------|------------------------|------------------------|------------------------------------|
| Fill in this infor | mation to identify y | our case: | 9 = 0 51 15 | |
| Debtor 1 | Stephen Tyler | Sherrell | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Maria Anntoin | nette Sherrell | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for th | ne: EASTERN DISTRICT C | OF MISSOURI | |
| (if known) | | | | Check if this is an amended filing |
| Official For | m 106D | | | |
| Schedule | D: Creditor | 's Who Have Clai | ms Secured by Property | 12/1 |
| | | | | |

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below.

| Part 1: List All Sec | ured Claims | | | | | | |
|---|--------------------------------|---|--|--|----------------------------|--|--|
| for each claim. If more that | an one creditor has | more than one secured claim, list the creditor separately s a particular claim, list the other creditors in Part 2. As ical order according to the creditor's name. | Column A Amount of claim Do not deduct the | Column B Value of collateral that supports this | Column C Unsecured portion | | |
| O4 DDOT | | Describe the wayments that accurace the claim. | value of collateral. | claim | If any | | |
| 2.1 BB&T | | Describe the property that secures the claim: | \$1,474.00 | \$2,000.00 | \$0.00 | | |
| Creditor's Name | | Household goods | | | | | |
| Attn: Bankrup Po Box 1847 | tcy | As of the date you file, the claim is: Check all that apply. | | | | | |
| Wilson, NC 27 | 894 | ☐ Contingent | | | | | |
| Number, Street, City, S | State & Zip Code | ☐ Unliquidated | | | | | |
| | | ☐ Disputed | | | | | |
| Who owes the debt? | heck one. | Nature of lien. Check all that apply. | | | | | |
| ■ Debtor 1 only □ Debtor 2 only | | ☐ An agreement you made (such as mortgage or secucar loan) | red | | | | |
| Debtor 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | | |
| ☐ At least one of the deb | otors and another | ☐ Judgment lien from a lawsuit | | | | | |
| ☐ Check if this claim relates to a community debt | | Other (including a right to offset) | | | | | |
| | Opened 04/17 Last Active | | | | | | |
| Date debt was incurred | 8/14/19 | Last 4 digits of account number 6808 | | | | | |

| Debtor 1 Stephen Tyler Sherrell | | Case number (if known) | | |
|---|--|------------------------|--------------|------------|
| First Name Middle N | | | | |
| Debtor 2 Maria Anntoinnette She | | | | |
| First Name ivilidate iv | ame Last Name | | | |
| 2.2 Cmg Mortgage Inc | Describe the property that secures the claim: | \$158,247.00 | \$169,000.00 | \$0.00 |
| Creditor's Name | 7598 Calvey Creek Rd Dittmer, MO 63023 Jefferson County | | | |
| 3160 Crow Canyon San Ramon, CA 94583 | As of the date you file, the claim is: Check all that apply. ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt? Check one. | Disputed Nature of lien. Check all that apply. | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | ☐ An agreement you made (such as mortgage or s car loan) | ecured | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Opened 12/16 Last Active | | | | |
| Date debt was incurred 10/07/19 | Last 4 digits of account number 5544 | <u> </u> | | |
| 2.3 First Community Credit Union | Describe the property that secures the claim: | \$6,977.00 | \$4,500.00 | \$2,477.00 |
| Creditor's Name | 2010 Ford Ranger 140,000 miles | | | |
| Attn: Bankruptcy Po Box 1030 Chesterfield, MO 63006 | As of the date you file, the claim is: Check all that apply. | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | ☐ An agreement you made (such as mortgage or s car loan) | ecured | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Opened 09/17 Last | Last 4 digits of account number 1805 | | | |
| Date debt was incurred Active 09/19 | Last 4 digits of account number 1805 | | | |

| Debt | or 1 Stephen | Tyler Sherrell | G | Case number (if known) | | |
|--------|------------------------------|---|---|--|-----------------------|---------------|
| 5.1. | First Name | Middle Na | | _ | | |
| Debt | Or 2 Maria Ani First Name | ntoinnette Shei Middle Na | - | | | |
| | T HOLT TAILING | illiadio i to | 2001.10 | | | |
| 2.4 | First Commun | nity Credit | B | \$10,083.00 | \$9,000.00 | \$1,083.00 |
| | Union Creditor's Name | | Describe the property that secures the claim: 2007 Jeep Wrangler 170,000 miles | — • • • • • • • • • • • • • • • • • • • | φ9,000.00 | Ψ1,003.00 |
| | Oreanor o Hame | | 2007 Jeep Wrangier 170,000 miles | | | |
| | Attn: Bankrup | otcy | | | | |
| | Po Box 1030 | - | As of the date you file, the claim is: Check all that apply. | ıt | | |
| | Chesterfield, | MO 63006 | ☐ Contingent | | | |
| | Number, Street, City, | State & Zip Code | Unliquidated | | | |
| Who | owes the debt? | Check one. | Disputed Nature of lien. Check all that apply. | | | |
| □ De | ebtor 1 only | | ☐ An agreement you made (such as mortgage o | r secured | | |
| □ De | ebtor 2 only | | car loan) | | | |
| ■ De | ebtor 1 and Debtor | 2 only | ☐ Statutory lien (such as tax lien, mechanic's lie | n) | | |
| | least one of the de | | ☐ Judgment lien from a lawsuit | | | |
| | neck if this claim r | elates to a | Other (including a right to offset) | | | |
| C | ommunity debt | | | | | |
| | | Opened | | | | |
| Data | dab4aa inaad | 02/17 Last | Last 4 digits of account number 18 | N4 | | |
| Date | debt was incurred | Active 09/19 | Last 4 digits of account number 180 | | | |
| 2.5 | Mr. Cooper | | Describe the property that secures the claim: | \$94,978.00 | \$100,000.00 | \$0.00 |
| 2.5 | Creditor's Name | | 316 Todd Lane Belleville, IL 62221 | | Ψ100,000.00 | Ψ0.00 |
| | Attn: Bankrup | otcy | Saint Clair County | | | |
| | 8950 Cypress | Waters | As of the date you file, the claim is: Check all that | | | |
| | Blvd | 5040 | apply. | ll . | | |
| - | Coppell, TX 7 | | Contingent | | | |
| | Number, Street, City, | State & Zip Code | Unliquidated | | | |
| Who | owes the debt? | Check one. | Disputed Nature of lien. Check all that apply. | | | |
| | ebtor 1 only | | ☐ An agreement you made (such as mortgage o | r secured | | |
| _ | ebtor 2 only | | car loan) | | | |
| ■ De | ebtor 1 and Debtor | 2 only | ☐ Statutory lien (such as tax lien, mechanic's lie | n) | | |
| ☐ At | least one of the de | btors and another | ☐ Judgment lien from a lawsuit | | | |
| □ cı | neck if this claim r | elates to a | Other (including a right to offset) | | | |
| С | ommunity debt | | | | | |
| | | Opened | | | | |
| | | 08/08 Last | 75' | 74 | | |
| Date | debt was incurred | Active 09/19 | Last 4 digits of account number 75 | <u></u> | | |
| | | | | | | |
| Δdc | I the dollar value o | of vour entries in Co | blumn A on this page. Write that number here: | \$271,759.00 | 1 | |
| | | • | the dollar value totals from all pages. | | - | |
| Wri | te that number he | re: | | \$271,759.00 |] | |
| Part | 2: List Others | to Be Notified fo | a Debt That You Already Listed | | | |
| Use t | his page only if yo | ou have others to be | e notified about your bankruptcy for a debt that | you already listed in Part 1. For ex | xample, if a collect | ion agency is |
| trying | to collect from yo | ou for a debt you o | we to someone else, list the creditor in Part 1, a | nd then list the collection agency | here. Similarly, if y | ou have more |
| | | iy of the debts that fill out or submit th | you listed in Part 1, list the additional creditors is page. | nere. Il you do not nave additiona | n persons to be no | uneu for any |
| | | | | | | |
| | Name, Number, S BB&T | Street, City, State & 2 | Zip Code On | which line in Part 1 did you enter the | e creditor? 2.1 | |
| | | isputes Dept | Lac | st 4 digits of account number | | |
| | Clemmons, N | | La | | | |

Official Form 106D

| Debtor 1 | | Stephen Tyler Sherrell | | | Case number (if known) |
|----------|-------------|---|--------------------|-----------|--|
| | | First Name | Middle Name | Last Name | |
| Debto | r 2 | Maria Anntoinne | tte Sherrell | | |
| | | First Name | Middle Name | Last Name | |
| | Fir: 157 | ne, Number, Street, City st Community Cre 715 Manchester isville, MO 63011 | | | On which line in Part 1 did you enter the creditor? Last 4 digits of account number |
| | Fir: | ne, Number, Street, City st Community Cre 715 Manchester isville, MO 63011 | | | On which line in Part 1 did you enter the creditor? 2.4 Last 4 digits of account number |
| | Mr. 350 | ne, Number, Street, City . Cooper) Highland uston, TX 77067 | , State & Zip Code | | On which line in Part 1 did you enter the creditor? Last 4 digits of account number |

| Case | e 19-47891 D00 | CI Filed | Pg 24 of 75 | 1 12/23/19 14 | 1.43.26 Main | Document |
|---------------------|--|---------------------|---|----------------------------|------------------------------|---------------------------|
| Fill in this info | rmation to identify your | case: | Pg 24 01 75 | | | |
| Debtor 1 | | | | | | |
| Deptor 1 | Stephen Tyler Sh First Name | Middle Nai | me Last Name | | | |
| Debtor 2 | Maria Anntoinnet | te Sherrell | | | | |
| (Spouse if, filing) | First Name | Middle Na | me Last Name | | | |
| United States B | ankruptcy Court for the: | EASTERN D | ISTRICT OF MISSOURI | | | |
| Case number | | | | | | |
| (if known) | | | | | | Check if this is an |
| | | | | | | amended filing |
| Official For | m 106E/E | | | | | |
| Official For | | lla Hava | llnaaaiirad Claima | | | 40/45 |
| | | | Unsecured Claims litors with PRIORITY claims an | | | 12/15 |
| name and case nu | ontinuation Page to this pag umber (if known). All of Your PRIORITY Un | , | o information to report in a Par | t, do not file that Par | t. On the top of any addi | tional pages, write your |
| 1. Do any credi | tors have priority unsecure | d claims agains | you? | | | |
| ■ No. Go to | Part 2. | | | | | |
| ☐ Yes. | | | | | | |
| Part 2: List | All of Your NONPRIORIT | Y Unsecured | Claims | | | |
| 3. Do any credi | tors have nonpriority unsec | cured claims aga | inst you? | | | |
| ☐ No. You h | ave nothing to report in this p | art. Submit this fo | orm to the court with your other so | chedules. | | |
| Yes. | | | | | | |
| unsecured cla | aim, list the creditor separately | y for each claim. I | abetical order of the creditor was For each claim listed, identify what tors in Part 3.If you have more the | at type of claim it is. Do | o not list claims already in | cluded in Part 1. If more |
| | | | | | | Total claim |
| 4.1 AT&T | | 1 | Last 4 digits of account numbe | er 5790 | | \$216.00 |
| • | ity Creditor's Name | | - | | - | |
| | x 5014 Stream, IL 60197 | , | When was the debt incurred? | Monthly | | _ |
| | Stream, IL 60197 Street City State Zip Code | | As of the date you file, the clain | m is: Check all that ap | vlq | |
| | urred the debt? Check one. | | , | , | , , | |
| ☐ Debto | or 1 only | | ☐ Contingent | | | |
| ☐ Debto | or 2 only | | ☐ Unliquidated | | | |
| ■ Debto | or 1 and Debtor 2 only | | Disputed | | | |
| ☐ At lea | ast one of the debtors and and | other . | Type of NONPRIORITY unsecu | red claim: | | |
| ☐ Chec | k if this claim is for a com | munity | Student loans | | | |
| debt | alm and last to 180 110 | | Obligations arising out of a se | paration agreement o | r divorce that you did not | |
| _ | aim subject to offset? | | report as priority claims Debts to pension or profit-sha | ring plane and ather- | similar dahta | |
| ■ No | | | | iling plans, and other s | onniidi üedis | |
| ☐ Yes | | | Other Specify Utility | | | |

Debtor 1 Stephen Tyler Sherrell Debtor 2 Maria Anntoinnette Sherrell Case number (if known) **Bioreference Laboratories Patient** 1908 4.2 Last 4 digits of account number Unknown Pay Nonpriority Creditor's Name PO Box 21134 When was the debt incurred? Unknown New York, NY 10087 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify Medical ☐ Yes 4.3 **BJC Health Care** Last 4 digits of account number 1573 \$336.83 Nonpriority Creditor's Name PO Box 958410 When was the debt incurred? Saint Louis, MO 63195 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Medical Other. Specify 4.4 **Capital One** \$2,383.00 Last 4 digits of account number 5536 Nonpriority Creditor's Name Attn: Bankruptcy Opened 02/17 Last Active Po Box 30285 When was the debt incurred? 10/19 Salt Lake City, UT 84130 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

Debtor 1 Stephen Tyler Sherrell Debtor 2 Maria Anntoinnette Sherrell Case number (if known) 4.5 Comenity Bank/Victoria Secret Last 4 digits of account number 6928 \$168.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 02/14 Last Active Po Box 182125 When was the debt incurred? 10/19 Columbus, OH 43218 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacktriangled Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.6 **Consumer Adjustment Co** Last 4 digits of account number 3214 Unknown Nonpriority Creditor's Name c/o William Whealen When was the debt incurred? 2019 11970 Borman Dr., Ste 250 Saint Louis, MO 63146 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Judgment ☐ Yes 4.7 **Credit Collection Service** \$181.00 Last 4 digits of account number 2235 Nonpriority Creditor's Name Opened 11/18 Last Active Attn: Bankruptcy Po Box 773 When was the debt incurred? 06/17 Needham, MA 02494 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Labcorp ☐ Yes

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| Debto | Maria Anntoinnette Sherrell | Case number (if known) | | | | | |
|----------|--|--|--|--------------------|--|--|--|
| 4.8 | Credit First National Association | Last 4 digits of account number | 2612 | \$54.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 81315 Cleveland, OH 44181 | When was the debt incurred? | Opened 04/14 Last Active 10/15/19 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Charge Acc | count | | | | |
| 4.9 | ERC/Enhanced Recovery Corp Nonpriority Creditor's Name | Last 4 digits of account number | 7927 | \$136.00 | | | |
| | Attn: Bankruptcy 8014 Bayberry Road | When was the debt incurred? | Opened 12/17 | | | | |
| | Jacksonville, FL 32256 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | |
| _ | Debtor 1 only | Continuent | □ Contingent | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharin | | | | | |
| | ☐ Yes | Collection A | Collection Attorney Charter Communications | | | | |
| 4.1 0 | FedLoan Servicing | Last 4 digits of account number | 0003 | \$42,950.00 | | | |
| 0 | Nonpriority Creditor's Name Attn: Bankruptcy | | Opened 07/12 Last Active | V 12,000.00 | | | |
| | Po Box 69184 Harrisburg, PA 17106 Number Street City State Zip Code | When was the debt incurred? As of the date you file, the claim i | 09/19 S: Check all that apply | | | | |
| | Who incurred the debt? Check one. | 7.5 0 , , , | or officer an inat apply | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | |
| | ☐ Check if this claim is for a community | or a community Student loans Obligations arising out of a separation agreement or divorce that you did not | | | | | |
| | debt Is the claim subject to offset? | | | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | ☐ Yes | Other. Specify | | | | | |
| | | Educationa | ıl | | | | |

Debtor 1 Stephen Tyler Sherrell Debtor 2 Maria Anntoinnette Sherrell Case number (if known) 4.1 0002 FedLoan Servicing \$9,388.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 08/10 Last Active Attn: Bankruptcy Po Box 69184 When was the debt incurred? 09/19 Harrisburg, PA 17106 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated ■ Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.1 FedLoan Servicing 0001 \$4,408.00 Last 4 digits of account number 2 Nonpriority Creditor's Name Attn: Bankruptcv Opened 08/10 Last Active Po Box 69184 When was the debt incurred? 09/19 Harrisburg, PA 17106 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated ■ Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify Educational 4.1 1887 **Mercy East** \$463.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 505381 When was the debt incurred? Unknown Saint Louis, MO 63150 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other. Specify

| Maria Anntoinnette Sherrell | | Case number (if known) | |
|--|---|---|------------|
| Midwest Radiological Associates, PC | Last 4 digits of account number | 6791 | \$16.00 |
| Nonpriority Creditor's Name PO Box 38900 Saint Louis, MO 63138 | When was the debt incurred? | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Medical | | |
| Navient | Last 4 digits of account number | 1278 | \$9,345.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy | | Opened 09/05 Last Active | |
| Po Box 9640 | When was the debt incurred? | 12/15 | |
| Wiles-Barr, PA 18773 Number Street City State Zip Code | | in Charle all that apply | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Cneck all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt s the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | ☐ Other. Specify | | |
| | Educationa | ıl | |
| Navient | Last 4 digits of account number | 1260 | \$7,820.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9640 | When was the debt incurred? | Opened 06/05 Last Active 12/15 | |
| Wiles-Barr, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt s the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |

Educational

Debtor 1 Stephen Tyler Sherrell Debtor 2 Maria Anntoinnette Sherrell Case number (if known) 4.1 **Navient** 1294 \$5,855.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 11/06 Last Active Po Box 9640 When was the debt incurred? 12/15 Wiles-Barr, PA 18773 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated ■ Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other, Specify Educational 4.1 **Navient** 1286 \$19,098.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Attn: Bankruptcv Opened 02/06 Last Active Po Box 9640 When was the debt incurred? 12/15 Wiles-Barr, PA 18773 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated ■ Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify Educational 4.1 6532 **Radius Global Solutions** \$181.83 Last 4 digits of account number Nonpriority Creditor's Name PO Box 390915 When was the debt incurred? Minneapolis, MN 55439 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Collector for Laboratory Corporation of Other. Specify America ☐ Yes

Debtor 1 Stephen Tyler Sherrell Debtor 2 Maria Anntoinnette Sherrell Case number (if known) 4.2 Synchrony Bank 0206 \$3,805.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Attn: Bankruptcy Dept Opened 07/16 Last Active Po Box 965060 When was the debt incurred? 10/19 Orlando, FL 32896 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.2 Synchrony Bank/Lowes 5271 Last 4 digits of account number \$4,637.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 12/14 Last Active Po Box 965060 When was the debt incurred? 10/19 Orlando, FL 32896 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.2 **TEK Collect** 8366 \$84.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 1269 When was the debt incurred? Unknown Columbus, OH 43216 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ☐ Yes

Debtor 1 Stephen Tyler Sherrell Debtor 2 Maria Anntoinnette Sherrell Case number (if known) 4.2 Teresa Sorden 0635 Unknown Last 4 digits of account number 3 Nonpriority Creditor's Name 117 Meadow Lane When was the debt incurred? 2018 Festus, MO 63028 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Other 4.2 Transworld Systems Inc 8769 \$152.21 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 15270 When was the debt incurred? Wilmington, DE 19850 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collector for SSM Health St. Clare Hospital ☐ Yes 4.2 Washington University Physicians 6358 \$2,084.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 505462 When was the debt incurred? 10/2019 Saint Louis, MO 63150 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical ☐ Yes

| Debto | Maria Anntoinnette Sherrell | Case number (if known) | | | |
|----------|--|--|--|------------------------------|--|
| 1 | W 6 4 . B. I'. I I 1 1 | | | | |
| 4.2 6 | West County Radiological Group Inc. | Last 4 digits of account number | 4428 | \$17.61 | |
| | Nonpriority Creditor's Name | | | <u> </u> | |
| | 11475 Olde Cabin Rd. Ste 200 | When was the debt incurred? | 09/2019 | | |
| | Saint Louis, MO 63141 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | , | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | | aration agreement or divorce that you did no | ot | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | Debts to pension or profit-shari | ng plans, and other similar debts | | |
| | ☐ Yes | Other. Specify Medical | | | |
| D 0 | List Others to De Notified About a De | alid Third Many Alice a deal fade d | | | |
| Part 3 | | | | | |
| is try | his page only if you have others to be notified ring to collect from you for a debt you owe to s | omeone else, list the original creditor i | n Parts 1 or 2, then list the collection age | ency here. Similarly, if you | |
| | more than one creditor for any of the debts th ied for any debts in Parts 1 or 2, do not fill out | | litional creditors here. If you do not have | additional persons to be | |
| | and Address | On which entry in Part 1 or Part 2 did you | u list the original creditor? | | |
| • | al One | | Part 1: Creditors with Priority Unsecured | Claims | |
| | ox 30281 | ı | Part 2: Creditors with Nonpriority Unsecu | red Claims | |
| Sait | _ake City, UT 84130 | Last 4 digits of account number | | | |
| Nama | | On which anter in Port 1 or Port 2 did yo | u liet the evicinal eventitor? | | |
| | and Address enity Bank/Victoria Secret | On which entry in Part 1 or Part 2 did you Line 4.5 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured | Claims | |
| Po B | ox 182789 | | Part 2: Creditors with Nonpriority Unsecu | | |
| Colu | mbus, OH 43218 | Last 4 digits of account number | . a.v. z. o.oa.io.o mai. nonphony onocca | | |
| | | Last 4 digits of account number | | | |
| | and Address it Collection Service | On which entry in Part 1 or Part 2 did you | | | |
| | ox 447 | | Part 1: Creditors with Priority Unsecured | | |
| | rood, MA 02062 | • | Part 2: Creditors with Nonpriority Unsecu | red Claims | |
| | | Last 4 digits of account number | | | |
| Name a | and Address | On which entry in Part 1 or Part 2 did you | u list the original creditor? | | |
| | it First National Association | Line 4.8 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured | Claims | |
| | 31315 eland, OH 44181 | | Part 2: Creditors with Nonpriority Unsecu | red Claims | |
| 0.010 | , GT 44101 | Last 4 digits of account number | | | |
| Name a | and Address | On which entry in Part 1 or Part 2 did you | u list the original creditor? | | |
| ERC/ | Enhanced Recovery Corp | · _ | Part 1: Creditors with Priority Unsecured | Claims | |
| | ox 57547 | | Part 2: Creditors with Nonpriority Unsecu | red Claims | |
| Jacks | sonville, FL 32241 | Last 4 digits of account number | | | |
| N | | On which potentia Boot 4 on Boot 9 did yea | u lintale a caininal condition | | |
| | and Address oan Servicing | On which entry in Part 1 or Part 2 did you Line 4.10 of (<i>Check one</i>): | I list the original creditor? Part 1: Creditors with Priority Unsecured | Claims | |
| Pob 6 | 60610 | | Part 2: Creditors with Nonpriority Unsecu | | |
| Harri | sburg, PA 17106 | Last 4 digits of account number | . E. C. G. | | |
| | | Last 4 digits of account number | | | |
| | and Address | On which entry in Part 1 or Part 2 did you | | | |
| | oan Servicing 60610 | | Part 1: Creditors with Priority Unsecured | | |
| | sburg, PA 17106 | • | Part 2: Creditors with Nonpriority Unsecu | red Claims | |
| | - | Last 4 digits of account number | | | |

Official Form 106 E/F

| Debtor 1 Stephen Tyler Sherrell Debtor 2 Maria Anntoinnette Sherrell | Pg 34 01 | Case number (if known) | |
|---|---|--|--|
| Name and Address FedLoan Servicing Pob 60610 | On which entry in Part 1 or Part 2 Line 4.12 of (Check one): | did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| Harrisburg, PA 17106 | Last 4 digits of account number | | |
| Name and Address Navient Po Box 9655 Wilkes Barre, PA 18773 | On which entry in Part 1 or Part 2 Line 4.15 of (Check one): Last 4 digits of account number | did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| Name and Address Navient Po Box 9655 Wilkes Barre, PA 18773 | On which entry in Part 1 or Part 2 Line 4.16 of (Check one): Last 4 digits of account number | did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| Name and Address Navient Po Box 9655 Wilkes Barre, PA 18773 | On which entry in Part 1 or Part 2 Line 4.17 of (Check one): Last 4 digits of account number | did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| Name and Address Navient Po Box 9655 Wilkes Barre, PA 18773 | On which entry in Part 1 or Part 2 Line 4.18 of (Check one): Last 4 digits of account number | did you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Name and Address Synchrony Bank Po Box 965007 Orlando, FL 32896 | On which entry in Part 1 or Part 2 Line 4.20 of (Check one): Last 4 digits of account number | did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| Name and Address Synchrony Bank/Lowes Po Box 956005 Orlando, FL 32896 | On which entry in Part 1 or Part 2 Line 4.21 of (Check one): Last 4 digits of account number | did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| Name and Address Teresa Sorden c/o Charles Wooten 10438 Hwy 21 PO Box 888 Hillsboro, MO 63050 | On which entry in Part 1 or Part 2 Line 4.23 of (Check one): | did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----|---|---|---|--|
| 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| 01 | - | 01 | _ | |
| 60. | raxes and certain other debts you owe the government | 60. | \$ | 0.00 |
| 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | Total Claim |
| 6f. | Student loans | 6f. | \$ | 98,864.00 |
| | 6b. 6c. 6d. | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d. | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. Other. Add all other priority unsecured claims. Write that amount here. 6d. Total Priority. Add lines 6a through 6d. 6e. | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 6e. Total Priority. Add lines 6a through 6d. 6 6e. \$ |

Debtor 1 Stephen Tyler Sherrell
Debtor 2 Maria Anntoinnette Sherrell

from Part 2 6g. Obligations arising out of a separation agreement or divorce that

| | Case nu | ımber (if known) | | |
|-----------------|---------|------------------|-----------|--|
| or divorce that | 6g. | \$ | 0.00 | |
| similar debts | 6h. | \$ | 0.00 | |
| e that amount | 6i. | ¢ | 14.915.48 | |

| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |
|-------------|-----|---|
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. |

6j. Total Nonpriority. Add lines 6f through 6i.

\$ ______ 113,779.48

| Fill in this infor | mation to identify your | case: | r y 30 01 13 | |
|------------------------|--------------------------|--------------------|-------------------------|--------------------------------------|
| Debtor 1 | Stephen Tyler Sh | errell | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Maria Anntoinnet | tte Sherrell | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | F MISSOURI | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the r, Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| 2.3 | Oity | | Otate | Zii Gode | |
| 2.0 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | • | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | - ii | | Oldio | 211 0000 | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |

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| | | 0 1 1100 11/10 | Pa 37 of 75 | 20/10 11110120 11 | nam Boommon. |
|----------------------------------|---|-----------------------------|--------------------------|---|---|
| Fill in this in | formation to identify your | case: | | | |
| Debtor 1 | Stephen Tyler Sh | errell | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Maria Anntoinnet | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | s Bankruptcy Court for the: | EASTERN DISTRICT | OF MISSOURI | | |
| 0 | | | | | |
| Case numbe (if known) | r | | | | ☐ Check if this is an |
| , | | | | | amended filing |
| | | | | | ŭ |
| Official I | Form 106H | | | | |
| Schedu | ile H: Your Cod | ebtors | | | 12/15 |
| | | | | | |
| our name a | nd case number (if known) ou have any codebtors? (If | . Answer every questio | n. | | ny Additional Pages, write |
| _ | , | | | | |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| | n the last 8 years, have you California, Idaho, Louisiana, | | | | es and territories include |
| ■ No. G | o to line 3. | | | | |
| ☐ Yes. [| Did your spouse, former spo | use, or legal equivalent li | ve with you at the time? | | |
| | | | | | |
| in line 2 Form 10 out Colu | again as a codebtor only i 6D), Schedule E/F (Official | f that person is a guara | ntor or cosigner. Make s | sure you have listed the cre 6G). Use Schedule D, Sche | h you. List the person shown editor on Schedule D (Official dule E/F, or Schedule G to fill |
| | me, Number, Street, City, State and Z | P Code | | Check all schedules that | |
| 0.4 | | | | Пол. т. в. :: | |
| 3.1 | me | | | _ ☐ Schedule D, line | |
| | | | | ☐ Schedule E/F, line ☐ Schedule G, line _ | |
| | | | | | |
| Nu Cit | mber Street | State | ZIP Code | | |
| Cit | у | State | ZIF Code | | |
| | | | | – | |
| 3.2 | me | | | Schedule D, line | |
| iNa | ino | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| | mber Street | Ctata | 710.0-4- | _ | |
| Cit | у | State | ZIP Code | | |

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| Eill | in this information to identify your a | 000 | | | | | | | |
|--------------------|---|---|---|-----------------------------|------------------------|------------------------|-------------------------|-----------------------------------|---------------|
| | in this information to identify your countries to a Stephen Tyles | | | | | | | | |
| 1 | | pinnette Sherrell | | | | | | | |
| Uni | ted States Bankruptcy Court for the | EASTERN DISTRICT | OF MISSOURI | | | | | | |
| | se number nown) | | - | | □ A | | nt showir | ng postpetition c | hapter |
| 0 | fficial Form 106I | | | | M | M / DD/ Y | YYY | | |
| S | chedule I: Your Inc | ome | | | | | | | 12/15 |
| sup spo atta | as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form. **Describe Employment** | are married and not fili ir spouse is not filing w | ng jointly, and your s ith you, do not inclu | spouse is li de informat | ving with ion about | you, inclu your spo | ide infori use. If m | mation about y ore space is ne | our eeded, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or non-f | iling spouse | |
| | If you have more than one job, | Employment status | ☐ Employed | | | ■ Emplo | yed | | |
| | attach a separate page with information about additional | Linployment status | ■ Not employed | | ☐ Not e | | nployed | | |
| | employers. | Occupation | MRI Technologist | | MRI Tech | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | BJC Hea | alth Car | е | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | 4901 Fo Saint Lo | | | |
| | | How long employed t | here? | | | 2 | years | | |
| Pai | t 2: Give Details About Mo | nthly Income | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to re | eport for any | line, write | \$0 in the | space. In | clude your non- | filing |
| | u or your non-filing spouse have mee space, attach a separate sheet to | | ombine the information | n for all emp | loyers for | that persoi | n on the I | ines below. If yo | u need |
| | | | | | For Deb | otor 1 | | ebtor 2 or ling spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | S | 0.00 | \$ | 5,605.75 | |
| 3. | Estimate and list monthly over | ime pay. | | 3. +9 | S | 0.00 | +\$ | 0.00 | |

Official Form 106I Schedule I: Your Income page 1

4. Calculate gross Income. Add line 2 + line 3.

0.00

5,605.75

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| Deb Deb | tor 1 tor 2 | Stephen Tyler Sherrell Maria Anntoinnette Sherrell | | С | ase number (if k | nown) | | | |
|------------|-----------------------|--|------------|----|------------------|-------|----------------------|-------------------|----------------|
| | | | | ì | For Debtor 1 | | For Debto | | |
| | Cop | y line 4 here | 4. | | \$ | 0.00 | | ,605.75 | |
| 5. | l ict | all payroll deductions: | | | | | | | |
| J. | | • • | E o | | œ . | 0.00 | ¢ 4 | 254.50 | |
| | 5a. 5b. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans | 5a. 5b. | | . — | 0.00 | \$1 \$ | ,254.50 398.69 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | · | 0.00 | \$ | 224.25 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | | <u> </u> | 0.00 | \$ | 0.00 | |
| | 5e. | Insurance | 5e. | | * | 0.00 | \$ | 0.00 | |
| | 5f. | Domestic support obligations | 5f. | | ; | 0.00 | \$ | 0.00 | |
| | 5g. | Union dues | 5g. | | | 0.00 | \$ | 0.00 | |
| | 5h. | Other deductions. Specify: HSA | 5h. | + | \$ | 0.00 | + \$ | 208.35 | |
| | | Insurance Increase | _ | | \$ | 0.00 | \$ | 216.67 | |
| | | 401k loan | _ | | | 0.00 | \$ | 174.35 | |
| | | Cafe/Gift Shop/Other | _ | | \$ | 0.00 | \$ | 248.24 | |
| 6. | Add | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | 5 | \$ | 0.00 | \$2 | 2,725.05 | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | (| \$ | 0.00 | \$2 | ,880.70 | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | | \$ | 0.00 | \$ | 0.00 | |
| | 8b. | Interest and dividends | 8b. | | \$ | 0.00 | \$ | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | | \$ | 0.00 | \$ | 0.00 | |
| | 8d. | Unemployment compensation | 8d. | | \$ | 0.00 | \$ | 0.00 | |
| | 8e. 8f. | Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8e. 8f. | | | 0.00 | \$ | 0.00 | |
| | 8g. | Pension or retirement income | 8g. | | | 0.00 | \$ | 0.00 | |
| | 8h. | Other monthly income. Specify: Workers Comp (Temp) | _ 8h. | + | \$ 2,61 | 1.68 | + \$ | 0.00 | · |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 2,61 | 1.68 | \$ | 0.00 | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | \$ | 2,611.68 | + \$_ | 2,880.70 | = \$ | 5,492.38 |
| 11. | Inclu othe Do r | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | deper | | | | ed in <i>Schedui</i> | le J. +\$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain lies | | | | | | \$ | 5,492.38 |
| 13. | Do y | you expect an increase or decrease within the year after you file this form? No. | ? | | | | | Combin | ed / income |
| | $\overline{\Box}$ | Yes, Explain: | | | | | | | |

Official Form 106l Schedule I: Your Income page 2

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| Fill | in this informa | ation to identify yo | our case: | | | 1 | | |
|-------------------|--|---------------------------------------|----------------|---|--|----------------------|--|---|
| Deb | otor 1 | Stephen Tyle | er Sherre | ·II | | Che | ck if this is: | |
| | | | | | | | An amended filing | |
| | otor 2 ouse, if filing) | Maria Anntoi | innette S | herrell | | | A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| | | . 0 . (| | DN DICTRICT OF MICCO | LIDI | | MM / DD / MM/ | |
| Unit | ed States Bank | ruptcy Court for the | : EASTE | RN DISTRICT OF MISSO | URI | | MM / DD / YYYY | |
| 1 | e number nown) | | | | | | | |
| Of | fficial Fo | orm 106J | | | | 1 | | |
| S | chedule | J: Your l | Exper | ises | | | | 12/1 |
| Be info nur | as complete ormation. If m mber (if know | and accurate as | possible. | If two married people ar ch another sheet to this | | | | |
| Par 1. | t 1: Desci | ribe Your House nt case? | hold | | | | | |
| | □ No. Go to | | | | | | | |
| | Yes. Doe | es Debtor 2 live i | in a separ | ate household? | | | | |
| | ■ N | | st file Offici | al Form 106J-2, <i>Expenses</i> | s for Separate House | e <i>hold</i> of Deb | otor 2. | |
| 2. | Do you hay | e dependents? | □ No | | | | | |
| _ | Do not list D Debtor 2. | • | Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | | | | Son | | 7 | ■ Yes |
| | | | | | C | | 40 | □ No |
| | | | | | Son | | | ■ Yes □ No |
| | | | | | Son | | 14 | ■ Yes |
| | | | | | | | | □ No |
| 3. | | penses include of people other the | nan | No Yes | | | | ☐ Yes |
| | yourself an | d your depende | nts? □ | res | | | | |
| exp | imate your ex | a date after the b | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | | h assistance and | | government assistance i luded it on <i>Schedule I:</i> \ | | | Your exp | enses |
| 4. | | or home owners | | ses for your residence. I r lot. | nclude first mortgag | e 4. \$ | \$ | 1,266.14 |
| | If not include | ded in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. S | \$ | 0.00 |
| | | erty, homeowner's | s, or renter | 's insurance | | 4b. S | · | 0.00 |
| | | | | ipkeep expenses | | 4c. \$ | | 200.00 |
| | 4d. Home | eowner's associat | ion or cond | Joininium aues | | 4d. S | ₽ | 0.00 |

0.00

5. Additional mortgage payments for your residence, such as home equity loans

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| 6. Utilities: 68. Electricity, heat, natural gas 69. Water, sawar, garbage collection 69. Telephone, cell phone, internet, satellite, and cable services 60. Telephone, cell phone, internet, satellite, and cable services 60. Cher Specify. 7. Food and housekeeping supplies 7. Food and housekeeping supplies 8. S. 0.00 8. Childcare and children's education costs 8. S. 0.00 9. Clothing, laundry, and dry cleaning 9. S. 100.00 10. Personal care products and services 10. S. 125.00 11. Modical and dental expenses 11. S. 250.00 12. Transportation, include gas, maintenance, bus or train fare. 12. S. 500.00 13. Electratinnent, clubs, recreation, newspapers, magazines, and books 13. S. 100.00 14. Charitable contributions and religious donations 15. Insurance. 16. Charitable contributions and religious donations 16. Life insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15c. Vehicle insurance 15c. S. 0.00 15d. Cheritable insurance 15d. S. 0.00 15d. Other insurance, Specify: 15d. Charitable reparaments of Vehicle 1 17d. Car payments for Vehicle 1 17d. Car payments for Vehicle 2 17d. Cort payments for Vehicle 2 17d. Cort payments for Vehicle 2 17d. Cort payments of Vehicle 2 17d. Other, Specify: Student Loans 17d. Cher. Specify: Sports and Scouts 20d. S. 0.00 20d. Maintenance, repair, and upkeep expenses 20d. S. 0.00 20d. Maintenance, repair, and upkeep expenses or Debtor 2), if any, from Official Form 108J-2 22c. Addition 22d and 22d. The result is your monthly expenses from your monthly income) from Schedule I. Sports and Scouts 21d. Other specify: Sports and Scouts 22d. Additional cort condominium dues 22d. S. 0.00 22d. Maintenance, repair, and upkeep expenses from your monthly income) from Schedule I. 23a. S. 5,470.92 25c. Subtract your monthly expenses from your monthly income in your expense of decrease because of a modification to be terme of your trans | | tor 1 Stephen Tyler Sherrell tor 2 Maria Anntoinnette Sherrell | Case num | nber (if known) | |
|---|-----|---|----------|-----------------|-----------------------------|
| 8 | 6. | Utilities: | | | |
| 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Oher, Specify: 6d. \$ 0.00 7. Food and housekeeping supplies 7. \$ 800.00 8. Childcare and children's education costs 8. \$ 0.00 9. Clothing, laundry, and dry cleaning 9. \$ 100.00 9. Clothing, laundry, and dry cleaning 9. \$ 100.00 10. Personal care products and services 11. \$ 250.00 11. Medical and dental expenses 11. \$ 250.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$ 5000.00 13. Transportation. Include gas, maintenance, bus or train fare. 14. \$ 500.00 15. Include corributions and religious donations 15. Include corributions and religious donations 16. Charitable contributions and religious donations 17. Line insurance 18. \$ 0.00 18. Health insurance 18. \$ 0.00 18. Health insurance 18. \$ 0.00 18. Health insurance 18. \$ 0.00 18. Vehicle insurance 18. \$ 0.00 19. Vehicle insurance 19. \$ 0.00 19. | • | | 6a. | \$ | 270.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. do. 0.00 7. Food and housekeeping supplies 7. \$ 800,00 8. Childcare and childfren's education costs 8. \$ 0.00 9. Clothing, laundry, and dry cleaning 9. \$ 100,00 10. Personal care products and services 11. \$ 250,00 11. Medical and dental expenses 11. \$ 250,00 12. Transportation. Include gas, maintenance, bus or train fare. 12. Transportation. Include gas, maintenance, bus or train fare. 12. Transportation. Include gas, maintenance, bus or train fare. 12. Transportation. Include gas, maintenance, bus or train fare. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 100,00 14. Charitable contributions and religious donations 14. \$ 0,000 15. Insurance. 15. S 0,000 15. Vehicle insurance specify: 15. John rinsurance specify: 15. John rinsurance specify: 15. John rinsurance specify: 15. John rinsurance. Specify: 16. Taxes. Do not include texts adeducted from your pay or included in lines 4 or 20. 15. Personal Property Tax 17. Insulationary or laces payments. 17. Insulationary or laces payments. 17. Insulationary or laces payments. 17. John rinsurance specify: 18. John rinsurance specify: 19. Specify: Personal Property Tax 19. Supplements or Vehicle 2 17b. S 357.03 17c. Other. Specify: Student Loans 17d. Ot | | 6b. Water, sewer, garbage collection | 6b. | \$ | 28.00 |
| 6 d. Other. Specily: 7 Food and housekeeping supplies 8 | | | 6c. | \$ | |
| 7. Sood and housekeeping supplies 7. \$ \$ \$ \$ \$ \$ \$ \$ \$ | | 6d. Other. Specify: | 6d. | \$ | |
| 8. Childcare and children's education costs 10. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. \$ 125.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$ 500.00 13. Transportation. Include gas, maintenance, bus or train fare. 14. \$ 500.00 15. Chartable contributions and religious donations 16. Charitable contributions and religious donations 17. Transportation. Include gas, maintenance, bus or train fare. 18. Lie insurance. 19. Transportation. Include gas, maintenance, bus or train fare. 19. Transportation. Include gas, maintenance, bus or train fare. 19. Transportation. Include gas, maintenance, bus or train fare. 19. Transportation. Include gas, maintenance, bus or train fare. 19. Transportation. Include gas, maintenance, bus or train fare. 19. Transportation. Include gas, maintenance, bus or train fare. 19. Transportation. Include gas, maintenance, bus or train fare. 19. Transportation. Include gas, maintenance, bus or train fare. 19. Transportation. Include gas, maintenance, bus or train fare. 19. Transportation. Include gas, maintenance, bus or train fare. 19. Transportation. Include gas, maintenance, bus or train fare. 19. Transportation. Include gas, maintenance, bus or train fare. 19. Transportation. Include gas, maintenance, bus or train fare. 19. Transportation. Include gas, maintenance, bus or train fare. 20. Transportation. Include gas, maintenance, bus or train fare. 20. Transportation. Include gas, maintenance, bus or train fare. 20. Transportation. Include gas, maintenance, bus or train fare. 21. Transportation. Include gas, maintenance, bus or train fare. 21. Transportation. Include gas, maintenance, bus or train fare. 22. Transportation. Include gas, maintenance, bus or train fare. 23. Transportation. Include gas, maintenance, bus or train fare. 24. Do you expect an increase or decrease in your expenses within the year after your morntpage payment to increase or decrease because of a maintenance and pour mor | 7. | · · · · · · · · · · · · · · · · · · · | | · - | |
| 10. Clothing, laundry, and dry cleaning 11. Personal care products and services 11. S 125.00 11. Medical and dental expenses 11. S 250.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. S 500.00 13. Entertailment, clubs, recreation, newspapers, magazines, and books 13. Entertailment, clubs, recreation, newspapers, magazines, and books 13. Entertailment, clubs, recreation, newspapers, magazines, and books 13. Entertailment, clubs, recreation, and religious donations 14. S 0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 153. Life insurance 154. S 0.00 155. Vehicle insurance 155. S 0.00 155. Vehicle insurance 156. S 10.00 156. Vehicle insurance 157. S 156. S 0.00 158. Vehicle insurance 158. S 0.00 159. Personal Property Tax 159. Specify: Personal Property Tax 170. Car payments for Vehicle 2 171. Installment or lease payments 172. Car payments for Vehicle 2 173. Car payments for Vehicle 2 174. Car payments for Vehicle 2 175. S 157.03 176. Other. Specify: Lawnmower loan 176. S 156.00 177. Other. Specify: Student Loans 178. Your payments of vehicle 1 179. S 156.00 179. Other payments of vehicle 1 179. S 156.00 179. Other payments of vehicle 1 179. S 156.00 179. Other payments of vehicle 1 179. S 156.00 179. Other payments of vehicle 1 179. S 156.00 179. Other payments of vehicle 2 179. S 157. | 8. | . • | | | |
| 10. Personal care products and services 11. Medical and dental expenses 11. S 250.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$ 500.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 100.00 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15s. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. \$ 216.00 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 1 17b. \$ 357.03 17c. Other. Specify: Lawnmower loan 17c. Other. Specify: Student Loans 17d. Other. Specify: Student Loans 18d. Your payments of vehicle 2 17d. Other. Specify: Student Loans 18d. Your payments of vehicle 1 17a. Car payments of vehicle 2 17b. Other. Specify: Student Loans 19d. Other payments of vehicle 3 10d. Other payments of vehicl | 9. | | | | |
| 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 500.00 13. \$ 100.00 14. Charitable contributions and religious donations 15. Insurance. Do not include large recreation, newspapers, magazines, and books 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 153. Life insurance 154. \$ 0.00 155. Health insurance 156. \$ 0.00 155. Vehicle insurance 156. \$ 0.00 156. Vehicle insurance 156. \$ 0.00 157. Vehicle insurance 156. \$ 0.00 158. The least insurance 156. \$ 0.00 159. Vehicle insurance 156. \$ 0.00 150. The specify: 156. \$ 0.00 151. Installment or lease payments: 170. Car payments for Vehicle 2 176. \$ 199.00 171. Installment or lease payments: 172. Car payments for Vehicle 2 176. \$ 199.00 175. Car payments for Vehicle 2 176. \$ 357.03 176. Other, Specify: Student Loans 170. Other, Specify: Student Loans 170. Other, Specify: Student Loans 170. Other payments of union, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106), 18. \$ 0.00 170. Other payments of union, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106), 18. \$ 0.00 170. Other payments of union, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106), 19. \$ 0.00 170. Other payments of union, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106), 19. \$ 0.00 170. Other payments of union, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106), 19. \$ 0.00 170. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1. Your Income. 170. Other real property expenses not included in lines 4 or 5 of this form o | | | | · - | |
| 12. Transportation, Include gas, maintenance, bus or train fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 100,00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 158. Life insurance 159. Health insurance 150. Health insurance 150. Health insurance 150. Other insurance. 150. Other insurance. 150. Other insurance. 150. Other insurance. 150. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20. 150. Other insurance. Specify: 150. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. 150. Other insurance. Specify: 150. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. 150. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. 150. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. 151. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. 151. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. 151. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. 151. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. 151. Taxes Do not include taxes deducted from your pay or lines 5 or 50.00 152. Taxes Do not include taxes deducted from your pay or lines 5 or 50.00 153. Taxes Do not include taxes deducted from your pay or lines 5 or 50.00 154. Taxes Do not included in lines 4 or 5 of this form or on Schedule I: Your Income. 155. Taxes Do not included in lines 4 or 5 of this form or on Schedule I: Your Income. 158. \$ 0.00 159. Taxes Do not included in lines 4 or 5 of this form or on Schedule I: Your Income. 159. Taxes Do not Do not Do not live with your Do not live with your Do not live your lines Do not live y | | • | - | · | |
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| 14. S | 13. | | 13. | \$ | 100.00 |
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| 15c. Vehicle insurance 15d. Other insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Specify: Personal Property Tax 16. \$ 50.00 17e. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Car payments for Vehicle 2 17d. Other. Specify: 18. Your payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106l). 19. Other payments you make to support others who do not live with you. 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. \$ 0.00 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. Specify: 21. Other: Specify: Sports and Scouts 22e. Add lines 24 intrough 21. 22e. Calculate your monthly expenses from line 22e above. 23a. Copy line 12 (your combined monthly income) from Schedule 1. 23a. Specify: 24b. Specify: 25c. Subtract your monthly expenses from your monthly income. 25c. Subtract your monthly expenses from your monthly income. 26c. The result is your monthly net income. 27d. Subtract your monthly expenses from your monthly income. 27d. Subtract your monthly expenses from your monthly income. 27d. Subtract your monthly expenses from your expenses within the year after you file this form? 27d. Po you expect to finish paying for your car loan within the year of to you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | 15a. Life insurance | 15a. | \$ | 0.00 |
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| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . 23c. \$ 21.46 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. | | 23b. Copy your monthly expenses from line 22c above. | 23b. | -\$ | |
| The result is your monthly net income. 23c. \$ 21.46 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. | | | | | |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. | | | | | 24.40 |
| For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. | | The result is your monthly net income. | 23c. | Ф | 21.46 |
| ⊔ Yes. | 24. | For example, do you expect to finish paying for your car loan within the year or do you expect you modification to the terms of your mortgage? No. | | | se or decrease because of a |
| | | ☐ Yes. Explain here: | | | |

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| Debtor 1 | Stephen Tyler Sh | errell | | |
|--|--|----------------------|---|--|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Maria Anntoinnet | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| Jnited States Ba | ankruptcy Court for the: | EASTERN DISTRIC | T OF MISSOURI | |
| Case number | | | | |
| f known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| <i>((</i> : | 4000 | | | |
| official Forn | <u>n 106Dec</u> | | | |
| eclarat | ion About a | n Individu | al Debtor's S | chedules 12/1 |
| | | | | |
| ars, or both. 1 | 8 U.S.C. §§ 152, 1341, 1 | | ankruptcy case can resul | t in fines up to \$250,000, or imprisonment for up to 20 |
| | 8 U.S.C. §§ 152, 1341, 1 | | ankruptcy case can resul | t in fines up to \$250,000, or imprisonment for up to 20 |
| | | | ankruptcy case can resul | t in fines up to \$250,000, or imprisonment for up to 20 |
| Sign | 8 U.S.C. §§ 152, 1341, 1 | 1519, and 3571. | ttorney to help you fill out | |
| Sign | 8 U.S.C. §§ 152, 1341, 1 | 1519, and 3571. | | |
| Sign Did you pa | 8 U.S.C. §§ 152, 1341, 1 | 1519, and 3571. | | bankruptcy forms? |
| Sign Did you pa | 8 U.S.C. §§ 152, 1341, 1 | 1519, and 3571. | | t bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, |
| Sign Did you pa | 8 U.S.C. §§ 152, 1341, 1 | 1519, and 3571. | | t bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice |
| Sign Did you pay ■ No □ Yes. N | Name of person | eone who is NOT an a | ttorney to help you fill out | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119 |
| Did you pay No Yes. N | Name of person | eone who is NOT an a | ttorney to help you fill out | |
| Did you pay No Yes. No Under penal that they are | Name of person | eone who is NOT an a | ttorney to help you fill out | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| Did you pay No Yes. No Under penal that they are X /s/ Step Stephe | Name of person Ity of perjury, I declare e true and correct. phen Tyler Sherrell en Tyler Sherrell | eone who is NOT an a | ttorney to help you fill out summary and schedules fi X /s/ Maria Maria An | Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 119) led with this declaration and Anntoinnette Sherrell ntoinnette Sherrell |
| Did you pay No Yes. No Under penal that they are X /s/ Step Stephe | 8 U.S.C. §§ 152, 1341, 1 In Below In Below | eone who is NOT an a | ttorney to help you fill out summary and schedules fi X /s/ Maria Maria An | Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11s) led with this declaration and Anntoinnette Sherrell |

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| Fill in | this inforr | nation to identify you | r case: | | | |
|-------------------|-------------------|----------------------------------|--|---|--|---|
| Debtor | · 1 | Stephen Tyler S | herrell | | | |
| Dalara | . 0 | First Name | Middle Name | Last Name | | |
| Debtor (Spouse | | Maria Anntoinne First Name | Middle Name | Last Name | | |
| United | States Ba | nkruptcy Court for the: | EASTERN DISTRICT OF | MISSOURI | | |
| Case r | number | | | | | |
| (if known | n) | | | | _ | theck if this is an mended filing |
| State | ement | | | duals Filing for B | | 4/19 |
| nform | ation. If m | | attach a separate sheet to | | equally responsible for sup y additional pages, write you | |
| Part 1 | Give I | Details About Your Ma | rital Status and Where You | ı Lived Before | | |
| 1. W | hat is you | r current marital statu | s? | | | |
| | Married Not ma | | | | | |
| 2. Du | uring the I | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| _ | No | | | | | |
| | | st all of the places you li | ived in the last 3 years. Do no | ot include where you live now | <i>'</i> . | |
| D | ebtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory co, Texas, Washington and W | |
| | No Yes. Ma | ake sure you fill out <i>Sch</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Part 2 | Expla | in the Sources of You | r Income | | | |
| Fil | I in the tota | al amount of income yo | u received from all jobs and a | ng a business during this yeall businesses, including parter together, list it only once ur | | ndar years? |
| | No | | | | | |
| - | Yes. Fil | I in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | | ■ Wages, commissions, bonuses, tips | | | \$72,172.00 |
| | | | ☐ Operating a business | | ☐ Operating a business | |

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| Debtor 1 Debtor 2 | | | er Sherrell innette She | errell | Case | e number (if known) | |
|--|----------------------|-------------------------|----------------------------|---|--|--|---|
| | | | | - | | | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | dar year: December | 31, 2018) | ■ Wages, commissions, bonuses, tips \$50,858.00 | | ■ Wages, commissions, bonuses, tips | \$66,800.00 |
| | | | | ☐ Operating a business | | ☐ Operating a business | |
| | | dar year be December | | ■ Wages, commissions, bonuses, tips | \$48,111.00 | ■ Wages, commissions, bonuses, tips | \$55,910.00 |
| | | | | ☐ Operating a business | | ☐ Operating a business | |
| ■ | No Yes. | Fill in the de | etails. | Debtor 1 Sources of income | Gross income from | Debtor 2 Sources of income | Gross income |
| □ | | Fill in the de | etails. | | | | |
| | | | | | | | |
| | | | | Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | (before deductions and exclusions) |
| | | 1 of curre | nt year until nkruptcy: | Workers Comp | \$8,487.96 | | |
| Part 3: | List | Certain Pa | yments You | Made Before You Filed for | Bankruptcy | | |
| _ | either No. | Neither De | ebtor 1 nor D | 's debts primarily consumer bebtor 2 has primarily consu- personal, family, or househol | umer debts. Consumer debts | s are defined in 11 U.S.C. § 10 | 11(8) as "incurred by an |
| | | During the | 90 days befo | ore you filed for bankruptcy, di | d you pay any creditor a total | of \$6,825* or more? | |
| | | □ No. | Go to line 7 | | | | |
| | | ☐ Yes | | | | n one or more payments and t | |
| | | * Subject | not include | payments to an attorney for the | his bankruptcy case. | ations, such as child support a or after the date of adjustment | , |
| _ | | • | • | | | or arter the date or adjustment | . |
| Yes. Debtor 1 or Debtor 2 During the 90 days be | | | | or both have primarily consurer you filed for bankruptcy, di | | of \$600 or more? | |
| | | □ No. | Go to line 7 | · . | | | |
| | | ■ Yes | List below e include pay | each creditor to whom you pai | | the total amount you paid that ort and alimony. Also, do not | |

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Case 19-47891 Main Document Pa 45 of 75 Stephen Tyler Sherrell Debtor 1 Debtor 2 Maria Anntoinnette Sherrell Case number (if known) Creditor's Name and Address Dates of payment **Total amount** Amount you Was this payment for ... paid still owe **Cmg Mortgage Inc** Last 90 Days \$3,600.00 \$158,247.00 Mortgage 3160 Crow Canyon ☐ Car San Ramon, CA 94583 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other **First Community Credit Union** Last 90 Days \$900.00 \$10,083.00 ☐ Mortgage Attn: Bankruptcy Car Po Box 1030 ☐ Credit Card Chesterfield, MO 63006 ☐ Loan Repayment ☐ Suppliers or vendors □ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. Insider's Name and Address **Dates of payment** Total amount Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Reason for this payment Insider's Name and Address Dates of payment Total amount Amount you paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Case title Status of the case Nature of the case Court or agency Case number Jefferson County Consumer Adjustment Company v. Civil □ Pending Maria Sherrell □ On appeal 19JE-AC03214 Concluded Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Value of the **Creditor Name and Address** Describe the Property Date property **Explain what happened**

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| Dah | to = 1 | Stephen Tyler Sherrell | | Pg 46 of 75 | | | |
|--|----------------|--|----------|--|-----------------------|-----------------------------------|--------------------------|
| | tor 1 tor 2 | Maria Anntoinnette Sherrell | | Ca | ase number (ii | f known) | |
| 200 | | Maria Affilionifiette Offerren | | | acc named (| | |
| 11. | accol | n 90 days before you filed for bank unts or refuse to make a payment b No /es. Fill in the details. | | did any creditor, including a bank or t you owed a debt? | financial inst | itution, set off any a | amounts from your |
| | | | ъ. | | | D-1 | A |
| | Crea | itor Name and Address | De | scribe the action the creditor took | | Date action was taken | Amount |
| | court | n 1 year before you filed for bankru -appointed receiver, a custodian, o No /es | | as any of your property in the posses er official? | ssion of an as | ssignee for the bene | efit of creditors, a |
| Par | | List Certain Gifts and Contribution | s | | | | |
| | • | | | | | | |
| 13. | I | n 2 years before you filed for bankr No ⁄ es. Fill in the details for each gift. | uptcy, d | did you give any gifts with a total valu | ue of more tha | an \$600 per person′ | ? |
| | | with a total value of more than \$60 person | 0 | Describe the gifts | | Dates you gave the gifts | Value |
| | Pers Addr | on to Whom You Gave the Gift and ress: | | | | | |
| 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of m ■ No □ Yes. Fill in the details for each gift or contribution. | | | | value of more than | \$600 to any charity? | | |
| | | | | | | | |
| | more Char | or contributions to charities that to than \$600 ity's Name ess (Number, Street, City, State and ZIP Code | | Describe what you contributed | | Dates you contributed | Value |
| Par | t 6: | List Certain Losses | | | | | |
| | | n 1 year before you filed for bankru mbling? | ptcy or | since you filed for bankruptcy, did yo | ou lose anyth | ing because of thef | t, fire, other disaster, |
| | _ ` | No ⁄es. Fill in the details. | | | | | |
| | Desc | ribe the property you lost and | Descri | be any insurance coverage for the los | SS | Date of your | Value of property |
| | | the loss occurred | Include | the amount that insurance has paid. List ace claims on line 33 of Schedule A/B: F | st pending | loss | lost |
| Par | · 7· | List Certain Payments or Transfers | | | ,,,,, | | |
| · GI | | ziet cortain r dymonte er rraneier | - | | | | |
| | consi | ulted about seeking bankruptcy or | orepariı | d you or anyone else acting on your lang a bankruptcy petition? s, or credit counseling agencies for serv | | | rty to anyone you |
| | _ | No /es. Fill in the details. | | | | | |
| | | | | | | _ | |
| | Addr Emai | on Who Was Paid ess il or website address on Who Made the Payment, if Not Y | ou" | Description and value of any proper transferred | erty | Date payment or transfer was made | Amount of payment |
| | 1088 Sain | cano & Wilson Law LLC 80 Baur Blvd tt Louis, MO 63132 rts@twlawstl.com | | Attorney Fees - \$800.00 Filing Fee - \$335.00 Credit Report - \$80.00 | | 12/23/2019 | \$1,214.00 |
| | | | | | | | |

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Debtor 1 Stephen Tyler Sherrell
Debtor 2 Maria Anntoinnette Sherrell

| 17. | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you li | or to make payments | | | r transfer any properi | y to anyone who | | | |
|-----|--|---|------------------------------|-----------------|--|---|--|--|--|
| | No No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Person Who Was Paid Address | Description and variansferred | alue of any prop | perty | Date payment or transfer was made | Amount of payment | | | |
| 18. | Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus Include both outright transfers and transfers made include gifts and transfers that you have already I No | iness or financial affa e as security (such as the | irs? ne granting of a s | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Person Who Received Transfer Address Person's relationship to you | Description and va property transferre | | | nny property or received or debts change | Date transfer was made | | | |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | | | | | |
| | Name of trust | Description and va | alue of the prop | erty transferre | ed | Date Transfer was made | | | |
| Pai | t 8: List of Certain Financial Accounts, Instr | ruments, Safe Deposit | Boxes, and Sto | rage Units | | au | | | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa No Yes. Fill in the details. | other financial accoun | its; certificates | of deposit; sh | | | | | |
| | | ast 4 digits of account number | Type of accourant instrument | clo: mo | e account was sed, sold, ved, or nsferred | Last balance before closing or transfer | | | |
| 21. | Do you now have, or did you have within 1 yes cash, or other valuables? | ar before you filed for | bankruptcy, an | y safe deposit | box or other deposit | ory for securities, | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had according Address (Number, State and ZIP Code) | | Describe the o | contents | Do you still have it? | | | |
| 22. | Have you stored property in a storage unit or | place other than your | home within 1 y | ear before yo | u filed for bankruptcy | 1? | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St State and ZIP Code) | | Describe the o | contents | Do you still have it? | | | |
| | | | | | | | | | |

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Debtor 1 Stephen Tyler Sherrell
Debtor 2 Maria Anntoinnette Sherrell

| Pai | t 9: Identify Property You Hold or Control for | Someone Else | | | | | | |
|-----|---|---|--|-----------------------|--|--|--|--|
| 23. | Do you hold or control any property that some for someone. | one else owns? Include any prope | rty you borrowed from, are storing fo | r, or hold in trust | | | | |
| | No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | | |
| Pai | t 10: Give Details About Environmental Informa | ation | | | | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | | | | |
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | - | law, whether you now own, operate, | or utilize it or used | | | | |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s | | s waste, hazardous substance, toxic | substance, | | | | |
| Rep | ort all notices, releases, and proceedings that ye | ou know about, regardless of whe | n they occurred. | | | | | |
| 24. | Has any governmental unit notified you that you | u may be liable or potentially liable | e under or in violation of an environm | ental law? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have you been a party in any judicial or adminis | strative proceeding under any env | ironmental law? Include settlements | and orders. | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | |
| Pai | t 11: Give Details About Your Business or Con | nections to Any Business | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have a | ny of the following connections to an | y business? | | | | |
| | ☐ A sole proprietor or self-employed in a | trade, profession, or other activity | , either full-time or part-time | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | ☐ A partner in a partnership | • | · | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting or | · | | | | | | |

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| | otor 1 Stephen Tyler Sherrell otor 2 Maria Anntoinnette Sherrell | Fg 49 01 73 | ise number (<i>if known</i>) |
|--------------|---|--|---|
| Der | Maria Anntoinnette Snerreii | | Se Hullibel (# known) |
| | No. None of the above applies. Go to F | Part 12. | |
| | ☐ Yes. Check all that apply above and fill | in the details below for each business. | |
| | Business Name Address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| | (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed |
| 28. | Within 2 years before you filed for bankrupt institutions, creditors, or other parties. No Yes. Fill in the details below. | cy, did you give a financial statement to a | nyone about your business? Include all financial |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | |
| Par | t 12: Sign Below | | |
| are t | | false statement, concealing property, or o | declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both. |
| /s/ | Stephen Tyler Sherrell | /s/ Maria Anntoinnette Sherre | ell |
| | ephen Tyler Sherrell nature of Debtor 1 | Maria Anntoinnette Sherrell Signature of Debtor 2 | |
| Dat | December 23, 2019 | Date December 23, 2019 | |
| Did : ■ N | • • | ent of Financial Affairs for Individuals Filin | g for Bankruptcy (Official Form 107)? |
| Did : | you pay or agree to pay someone who is not | an attorney to help you fill out bankruptc | y forms? |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this infor | mation to identify your case: | | |
|--|--|--|---|
| Debtor 1 | Stephen Tyler Sherrell | | |
| D 14 0 | First Name Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | Maria Anntoinnette Sherrell First Name Middle Name | Last Name | |
| | | TRICT OF MISSOURI | |
| Office Otates De | annupley Court for the. | THE TEN MICESOTA | |
| Case number (if known) | | | ☐ Check if this is an amended filing |
| Official Fo | | ividuals Filing Under Chapter | r 7 12/15 |
| ■ creditors hav ■ you have lease You must file the whiche on the | ever is earlier, unless the court extends form | | creditors and lessors you list |
| Be as complete write y | | e is needed, attach a separate sheet to this form. On th | e top of any additional pages, |
| 1. For any credit | | D: Creditors Who Have Claims Secured by Property (| Official Form 106D), fill in the |
| Identify the cr | reditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| Craditaria F | DDOT | | П., |
| Creditor's E name: | 3B&T | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| | f Hawadada wa ada | ☐ Retain the property and enter into a | ■ Yes |
| Description of property | f Household goods | Reaffirmation Agreement. Retain the property and [explain]: | |
| securing debt | | Continue Making Payments Per Agreement | |
| Creditor's (| Cmg Mortgage Inc | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| Description of | f 7598 Calvey Creek Rd Dittmer, | Retain the property and enter into a Reaffirmation Agreement. | ■ Yes |
| property securing debt | MO 63023 Jefferson County | Retain the property and [explain]: Continue Making Payments Per Agreement | |
| Creditor's F | First Community Credit Union | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| | | Retain the property and enter into a | Yes |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 Stephen Tyler Sherrell Debtor 2 Maria Anntoinnette Sherrell | Case number (if know | wn) |
|---|---|-------------------------------------|
| Description of property securing debt: 2010 Ford Ranger 140,000 miles | Reaffirmation Agreement. Retain the property and [explain]: | |
| Creditor's First Community Credit Union name: | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| Description of property securing debt: 2007 Jeep Wrangler 170,000 miles | ■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]: | ■ Yes |
| Creditor's Mr. Cooper | ■ Surrender the property. | ■ No |
| Description of property 62221 Saint Clair County securing debt: | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ☐ Yes |
| Part 2: List Your Unexpired Personal Property Leases | | |
| For any unexpired personal property lease that you listed in the information below. Do not list real estate leases. Ut You may assume an unexpired personal property lease if | I in Schedule G: Executory Contracts and Unexp nexpired leases are leases that are still in effect; | the lease period has not yet ended. |
| Describe your unexpired personal property leases | | Will the lease be assumed? |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: Description of leased | | □ No |
| Property: | | ☐ Yes |
| Lessor's name: Description of leased | | □ No |
| Property: | | ☐ Yes |
| Lessor's name: Description of leased | | □ No |
| Property: | | ☐ Yes |
| Lessor's name: Description of leased | | □ No |
| Property: | | ☐ Yes |
| Lessor's name: Description of leased | | □ No |
| Property: | | ☐ Yes |
| Lessor's name: Description of leased | | □ No |
| Property: | | ☐ Yes |
| Part 3: Sign Below | | |

Official Form 108

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| | | Stephen Tyler Sherrell Maria Anntoinnette Sherrell | Case number (if known) |
|--------|---------|---|---|
| | | ty of perjury, I declare that I have indicated t is subject to an unexpired lease. | d my intention about any property of my estate that secures a debt and any personal |
| | • | | V. Jal Maria Applainanta Charrell |
| X X | /s/ Ste | phen Tyler Sherrell | X _/s/ Maria Anntoinnette Sherrell |
| • | /s/ Ste | | X /s/ Maria Anntoinnette Sherrell Maria Anntoinnette Sherrell |
| • | /s/ Ste | phen Tyler Sherrell | |

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| Fill in this infor | mation to identify your case: | | Ch | eck on | e box only as d | irected i | in this form and | in Form |
|--|--|--|---|---------------------|---|------------------------|-----------------------------------|-----------------------------------|
| Debtor 1 | Stephen Tyler Sherrell | | | 2A-1Sι | | | | |
| Debtor 2 (Spouse, if filing) | Maria Anntoinnette Sherrell | | | □ 1. T | here is no pres | umption | of abuse | |
| | Bankruptcy Court for the: Eastern District of | Missouri | | á | he calculation t applies will be n Calculation (Off | nade un | der Chapter 7 I | mption of abuse Means Test |
| Case number (if known) | | | | □ з. т | he Means Test qualified military | does no | ot apply now be | |
| | | | | ☐ Ch | eck if this is a | n amer | nded filing | |
| Official F | orm 122A - 1 | | | | | | | |
| Chapter | 7 Statement of Your Cur | rent Mor | nthly Inc | om | е | | | 12/15 |
| attach a separat case number (if qualifying milita | and accurate as possible. If two married people a e sheet to this form. Include the line number to w known). If you believe that you are exempted fror ry service, complete and file Statement of Exemp alculate Your Current Monthly Income | hich the additior n a presumption | nal information a of abuse becau | applies. Ise you | On the top of aid on not have pring | ny additi narily co | onal pages, writ | te your name and or because of |
| | your marital and filing status? Check one on | lv | | | | | | |
| | parried. Fill out Column A, lines 2-11. | ·y· | | | | | | |
| | ed and your spouse is filing with you. Fill ou | t both Columns | A and B, lines | 2-11. | | | | |
| _ | ed and your spouse is NOT filing with you. | | | | | | | |
| ☐ Liv | ing in the same household and are not lega | lly separated. | Fill out both Co | lumns | A and B, lines 2 | 2-11. | | |
| pe | ing separately or are legally separated. Fill on nalty of perjury that you and your spouse are leading apart for reasons that do not include evadir | egally separated | d under nonbar | kruptc | y law that applie | s or tha | | |
| 101(10A). Fo the 6 months | erage monthly income that you received from all a rexample, if you are filing on September 15, the 6-m, add the income for all 6 months and divide the total the same rental property, put the income from that p | onth period would by 6. Fill in the res | l be March 1 thro sult. Do not inclu | ugh Aug de any i | just 31. If the amo | ount of your | our monthly incom once. For examp | ne varied during ble, if both |
| | | | | Colum | | | nn B or 2 or iling spouse | |
| _ | ess wages, salary, tips, bonuses, overtime, and additions). | and commissio | ons (before all | \$ | 1,177.33 | \$ | 6,780.24 | |
| 3. Alimony | and maintenance payments. Do not include 3 is filled in. | payments from | a spouse if | \$ | 0.00 | \$ | 0.00 | |
| of you of from an u and room | Ints from any source which are regularly par or your dependents, including child support. Inmarried partner, members of your household Inmates. Include regular contributions from a sp Do not include payments you listed on line 3. | Include regular, your depende | r contributions nts, parents, | \$ | 0.00 | \$ | 0.00 | |
| 5. Net inco | me from operating a business, profession, | | | | | | | |
| _ | | \$ 0.00 | otor 1 | | | | | |
| | ceipts (before all deductions) | -\$ 0.00 | | | | | | |
| | and necessary operating expenses hly income from a business, profession, or farm | | Copy here -> | \$ | 0.00 | \$ | 0.00 | |
| | me from rental and other real property | | | · — | | · — | | |
| 3. 110100 | and the same same property | Deb | otor 1 | | | | | |
| Gross red | ceipts (before all deductions) | \$0.00 | | | | | | |
| Ordinary | and necessary operating expenses | -\$ 0.00 | | | | | | |
| Net mont | hly income from rental or other real property | \$ | Copy here -> | \$ | 0.00 | \$ | 0.00 | |
| 7. Interest, | dividends, and royalties | | | \$ | 0.00 | \$ | 0.00 | |

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Debtor 1
Debtor 2

Stephen Tyler Sherrell
Maria Anntoinnette Sherrell
Case number (if known)

| | | | | | | umn A otor 1 | Column B Debtor 2 non-filing | or | |
|------|-------------------------------|---|---|-------------------------|----------------|---------------------------|------------------------------|------------|-----------------------|
| 8. | Unem | ployment compensation | | | \$ | 0.00 | \$ | 0.00 | |
| | | enter the amount if you contend that the amount cial Security Act. Instead, list it here: | received was a bei | nefit unde | er | | | | |
| | For | you\$ | | 0.00 | | | | | |
| | | your spouse \$ | | 0.00 | | | | | |
| | benefit | on or retirement income. Do not include any am under the Social Security Act. | | | \$ | 0.00 | \$ | 0.00 | |
| 10. | Do not receive domes total be | | ecurity Act or paym nanity, or internation | nents nal or | | | | | |
| | | Workers Comp | | | \$ | 2,067.58 | \$ | 0.00 | |
| | | | | | \$_ | 0.00 | \$ | 0.00 | |
| | | Total amounts from separate pages, if any. | | - 1 | + \$_ | 0.00 | \$ | 0.00 | |
| 11. | | ate your total current monthly income. Add lin olumn. Then add the total for Column A to the tot | | \$ | 3,24 | 4.91 + \$ _ | 6,780.24 | | 10,025.15 |
| Pari | . 2. | Determine Whether the Means Test Applies to | Vou | | | | | incon | current monthly ne |
| ı aı | . 2. | betermine whether the means rest Applies to | 7 100 | | | | | | |
| 12. | Calcul | ate your current monthly income for the year. | Follow these steps | : : | | | | | |
| | 12a. C | opy your total current monthly income from line 1 | 1 | | | Copy line 11 | here=> | \$ | 10,025.15 |
| | М | ultiply by 12 (the number of months in a year) | | | | | | X | 12 |
| | 12b. T | ne result is your annual income for this part of the | form | | | | 12 | 2b. \$1 | 20,301.80 |
| 13. | Calcul | ate the median family income that applies to y | ou. Follow these s | teps: | | | | | |
| | Fill in t | he state in which you live. | MO | | | | | | |
| | | ne number of people in your household. | 5 | | | | | | |
| | To find | he median family income for your state and size of a list of applicable median income amounts, go of form. This list may also be available at the bankr | online using the link | specified | | separate instru | | 3. \$ | 94,651.00 |
| 14. | How d | o the lines compare? | | | | | | | |
| | 14a. | ☐ Line 12b is less than or equal to line 13. Or Go to Part 3. | the top of page 1, | check bo | x 1, <i>Th</i> | nere is no presui | mption of abu | ıse. | |
| | 14b. | Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2. | f page 1, check box | c 2, The p | resum | ption of abuse is | s determined | by Form 1 | 22A-2. |
| Part | 3: | Sign Below | | | | | | | |
| | В | y signing here, I declare under penalty of perjury | that the information | on this s | tateme | ent and in any at | tachments is | true and o | correct. |
| | Х | /s/ Stephen Tyler Sherrell | х | /s/ Mai | ria An | ntoinnette Sh | nerrell | | |
| | | Stephen Tyler Sherrell Signature of Debtor 1 | | Maria Signatu | | oinnette Sheri ebtor 2 | rell | | |
| | Date | December 23, 2019 MM / DD / YYYY | Date | Decen MM / D | | | | | |
| | lf | you checked line 14a, do NOT fill out or file Form | 122A-2. | | | | | | |
| | If | you checked line 14b, fill out Form 122A-2 and fil | e it with this form. | | | | | | |
| | | | | | | | | | |

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|---|--|
| Fill in this information to identify your case: Debtor 1 Stephen Tyler Sherrell Debtor 2 Maria Anntoinnette Sherrell (Spouse, if filing) United States Bankruptcy Court for the: Eastern District of Missouri Case number (if known) | Check the appropriate box as directed in lines 40 or 42: According to the calculations required by this Statement: 1. There is no presumption of abuse. 2. There is a presumption of abuse. |
| Official Form 122A - 2 | Check if this is an amended filing |
| Chapter 7 Means Test Calculation | 04/19 |
| To fill out this form, you will need your completed copy of <i>Chapter 7 Statement of Y</i> Be as complete and accurate as possible. If two married people are filing together, space is needed, attach a separate sheet to this form, Include the line number to wladditional pages, write your name and case number (if known). Part 1: Determine Your Adjusted Income | both are equally responsible for being accurate. If more |
| Copy your total current monthly income. Copy line 11 from Of | fficial Form 122A-1 here=> \$ 10,025.15 |
| 2. Did you fill out Column B in Part 1 of Form 122A-1? ☐ No. Fill in \$0 for the total on line 3. ☐ Yes. Is your spouse Filing with you? ☐ No. Go to line 3. ☐ Yes. Fill in \$0 for the total on line 3. | |
| 3. Adjust your current monthly income by subtracting any part of your spouse's | income not used to pay for the |

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household

Fill in the amount you are subtracting from

your spouse's income

0.00

Copy total here=>... - \$

\$

\$ ____

Official Form 122A-2

0.00

10,025.15

household expenses of you or your dependents. Follow these steps:

State each purpose for which the income was used

Adjust your current monthly income. Subtract line 3 from line 1.

support other than you or your dependents.

For example, the income is used to pay your spouse's tax debt or to

Total.

expenses of you or your dependents?

No. Fill in 0 for the total on line 3. ☐ Yes. Fill in the information below:

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|----------------|--|--|--|------------------------------------|--------------|--------|
| ebtor 1 | Stephen Tyler Sherrell | | | (2) | | |
| ebtor 2 | Maria Anntoinnette Sherrell | | Case number | (If Known) | | |
| art 2: | Calculate Your Deductions from Your Income | | | | | |
| to ans | nternal Revenue Service (IRS) issues National and L swer the questions in lines 6-15. To find the IRS star ctions for this form. This information may also be a | ndards, go online ເ | using the link speci | fied in the separ | | |
| your a | et the expense amounts set out in lines 6-15 regardless ctual expenses if they are higher than the standards. Do e in line 3 and do not deduct any operating expenses th | o not deduct any an | nounts that you subti | racted fro your sp | ouse's | |
| If your | expenses differ from month to month, enter the averag | e expense. | | | | |
| When | ever this part of the from refers to you, it means both yo | u and your spouse | if Column B of Form | 122A-1 is filled in | ١. | |
| 5. T | he number of people used in determining your ded | uctions from incor | me | | | |
| р | rill in the number of people who could be claimed as exelus the number of any additional dependents whom you ne number of people in your household. | | | | 5 | |
| Nation | nal Standards You must use the IRS National | Standards to answ | er the questions in li | nes 6-7. | | |
| 7. C th | cood, clothing, and other items: Using the number of standards, fill in the dollar amount for food, clothing, and out-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The number ople who are 65 or older-because older people have igher than this IRS amount, you may deduct the additional contents. | other items. er of people you en ber of people is spl a higher IRS allowa | tered in line 5 and th it into two categories ince for health care c | e IRS National S people who are | under 65 and | |
| Peopl | e who are under 65 years of age | | | | | |
| 7 | a. Out-of-pocket health care allowance per person | \$55.00 | | | | |
| 7 | b. Number of people who are under 65 | X 5 | | | | |
| 7 | c. Subtotal. Multiply line 7a by line 7b. | \$275.00 | Copy here= | => \$ <u>27</u> | 75.00 | |
| Peopl | e who are 65 years of age or older | | | | | |
| 7 | d. Out-of-pocket health care allowance per person | \$114.00 | | | | |
| 7 | e. Number of people who are 65 or older | X0 | | | | |
| 7 | f. Subtotal. Multiply line 7d by line 7e. | \$0.00 | Copy here= | -> +\$ | 0.00 | |
| 7 | g. T otal. Add line 7c and line 7f | | \$\$ | Copy tota | I here=> \$ | 275.00 |

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Debtor 1 Debtor 2 Stephen Tyler Sherrell Maria Anntoinnette Sherrell

Case number (if known)

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

| | | n information from the IRS, the U.S. Trustee Program | n has div | vided the IRS L | ocal Stand | ard fo | r housing | g for | | |
|------------|------------|--|----------------|--------------------|----------------|----------|-----------|----------------|---------------------------------|--------|
| = F | lous | ng and utilities - Insurance and operating expenses | ; | | | | | | | |
| - | lousi | ng and utilities - Mortgage or rent expenses | | | | | | | | |
| To a | nsw | er the questions in lines 8-9, use the U.S. Trustee Pr | rogram c | hart. | | | | | | |
| | | e chart, go online using the link specified in the separat t may also be available at the bankruptcy clerk's office. | e instruct | tions for this for | m. | | | | | |
| 8. | | sing and utilities - Insurance and operating expense e dollar amount listed for your county for insurance and | | | | | | , fill \$ | | 661.00 |
| 9. | Hou | sing and utilities - Mortgage or rent expenses: | | | | | | | | |
| | 9a. | Using the number of people you entered in line 5, fill in listed for your county for mortgage or rent expenses | | | | 9 | 3 1,1 | 97.00 | | |
| | 9b. | Total average monthly payment for all mortgages and | other det | ots secured by y | our home. | | | | | |
| | | To calculate the total average monthly payment, add a contractually due to each secured creditor in the 60 mg for bankruptcy. Then divide by 60. | | | | | | | | |
| | | Name of the creditor | Avera payme | ge monthly ent | | | | | | |
| | | Cmg Mortgage Inc | \$ | 1,266.14 | | | | | | |
| | | Total average monthly payment | \$ | 1,266.14 | Copy here=> | -\$ | 1, | 266.14 | Repeat this amount on line 33a. | |
| | 9c. | Net mortgage or rent expense. | | | | | | | | |
| | | Subtract line 9b (total average monthly payment) from or rent expense). If this amount is less than \$0, enter \$ | | | \$ | | 0.00 | Copy here=> | . \$ | 0.00 |
| 10. | | ou claim that the U.S. Trustee Program's division of cts the calculation of your monthly expenses, fill in | | | | ıg is in | correct a | ınd | \$ | 0.00 |
| | Ex | plain why: | | | | | | | | |
| 11. | Loc | al transportation expenses: Check the number of veh | icles for v | which you claim | an ownersl | nip or o | perating | expense | <u>.</u> | |
| | | . Go to line 14. | | | | | | | | |
| | □ 1 | . Go to line 12. | | | | | | | | |
| | = 2 | or more. Go to line 12. | | | | | | | | |
| 12. | | icle operation expense: Using the IRS Local Standard rating expenses, fill in the Operating Costs that apply fo | | | | | | | \$ | 380.00 |

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Debtor 1 Debtor 2 Stephen Tyler Sherrell Maria Anntoinnette Sherrell

| 13. | You may | | (pense: Using the IRS Local if you do not make any loan | | | | | | |
|------|---------------------|---|--|-----------------|---------------|--------------------------|-------------------|---------------------------------------|--------|
| Ve | hicle 1 | Describe Vehicle 1: | 2007 Jeep Wrangler 17 | 0,000 mile | es | | | | |
| 13a | Ownersh | nip or leasing costs usin | g IRS Local Standard | | | \$ | 508.00 | | |
| 13b | • | monthly payment for al | I debts secured by Vehicle 1. vehicles. | | | | | | |
| | are cont | | ly payment here and on line cured creditor in the 60 mont | | | t | | | |
| | Naı | me of each creditor for | r Vehicle 1 | Average payment | monthly | | | | |
| | Fir | st Community Cred | it Union | \$ | 168.05 | | | | |
| | | Total A | Average Monthly Payment | \$ | 168.05 | Copy here => | -\$168 | Repeat this amount on line 33b. | |
| 13c. | | icle 1 ownership or leas : line 13b from line 13a. | e expense if this amount is less than \$0 | , enter \$0. | | \$ | 339.95 | Copy net Vehicle 1 expense here => \$ | 339.95 |
| Ve | hicle 2 | Describe Vehicle 2: | 2010 Ford Ranger 140, | 000 miles | | | | | |
| 13d | Ownersh | nip or leasing costs usin | g IRS Local Standard | | | \$ | 508.00 | | |
| 13e | Average leased v | | I debts secured by Vehicle 2 | . Do not incl | ude costs for | | | | |
| | Naı | me of each creditor for | r Vehicle 2 | Average payment | monthly | | | | |
| | Fir | st Community Cred | it Union | \$ | 116.28 | | | | |
| | | Total A | Average Monthly Payment | \$ | 116.28 | Copy here => -\$ _ | 116.2 | Repeat this amount on line 33c. | |
| 13f. | Net Vehi | icle 2 ownership or leas | e expense | | | | | Copy net Vehicle 2 | |
| | Subtract | line 13e from line 13d. | if this amount is less than \$0 | , enter \$0 | | \$ | 391.72 | expense here => \$ | 391.72 |
| 14. | | | : If you claimed 0 vehicles ir ce regardless of whether you | | | | ırds, fill in the | Public \$ | 0.00 |
| 15. | also ded | luct a public transportati | on expense: If you claimed on expense, you may fill in weal Standard for <i>Public Trans</i> | hat you beli | | | | | 0.00 |
| | | | | | | | | | |

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Debtor 1 Debtor 2 Stephen Tyler Sherrell Maria Anntoinnette Sherrell

| Othe | | In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories. | for | |
|------|---|--|-----|----------|
| 16. | self-employment taxes, social your pay for these taxes. How | nount that you will actually owe for federal, state and local taxes, such as income taxes, al security taxes, and Medicare taxes. You may include the monthly amount withheld from wever, if you expect to receive a tax refund, you must divide the expected refund by 12 m the total monthly amount that is withheld to pay for taxes. | | |
| | Do not include real estate, sa | ales, or use taxes. | \$ | 1,540.54 |
| 17. | Involuntary deductions: The contributions, union dues, and | ne total monthly payroll deductions that your job requires, such as retirement and uniform costs. | | |
| | Do not include amounts that | are not required by your job, such as voluntary 401(k) contributions or payroll savings. | \$ | 0.00 |
| 18. | filing together, include payme | onthly premiums that you pay for your own term life insurance. If two married people are ents that you make for your spouse's term life insurance. Do not include premiums for life its, for a non-filing spouse's life insurance, or for any form of life insurance other than | \$ | 8.60 |
| 19. | . , | The total monthly amount that you pay as required by the order of a court or as spousal or child support payments. | | |
| | Do not include payments on | past due obligations for spousal or child support. You will list these obligations in line 35. | \$ | 0.00 |
| 20. | Education: The total monthl as a condition for your job | ly amount that you pay for education that is either required: | | |
| | for your physically or men | ntally challenged dependent child if no public education is available for similar services. | \$ | 0.00 |
| 21. | Childcare: The total monthly | y amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. | | |
| | Do not include payments for | any elementary or secondary school education. | \$ | 0.00 |
| 22. | that is required for the health | enses, excluding insurance costs: The monthly amount that you pay for health care and welfare of you or your dependents and that is not reimbursed by insurance or paid. Include only the amount that is more than the total entered in line 7. | | |
| | Payments for health insurance | ce or health savings accounts should be listed only in line 25. | \$ | 0.00 |
| 23. | for you and your dependents | ephone services: The total monthly amount that you pay for telecommunication services s, such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production of d by your employer. | | |
| | | basic home telephone, internet and cell phone service. Do not include self-employment ported on line 5 of Official Form 122A-1, or any amount you previously deducted. | +\$ | 0.00 |
| 24. | Add all of the expenses all Add lines 6 through 23. | lowed under the IRS expense allowances. | \$ | 5,802.81 |
| | | | | |

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Debtor 1 Debtor 2 Stephen Tyler Sherrell Maria Anntoinnette Sherrell

| Add | litional l | Expense Deductions T | hese are additional c | leduction | s allowed by th | ne Means Test. | | |
|-----|--------------------|---|--|-----------------------|--|--|-----|--------|
| | | ٨ | lote: Do not include a | iny expe | nse allowances | listed in lines 6-24. | | |
| 25. | insurar | | | | | ses. The monthly expenses for health y necessary for yourself, your spouse, or | or | |
| | Health | insurance | | \$ | 380.90 | | | |
| | Disabili | ity insurance | | \$ | 7.19 | | | |
| | Health | savings account | | + \$ | 208.34 | | | |
| | Total | | | \$ | 596.43 | Copy total here=> | \$ | 596.43 |
| | Do you | actually spend this total an | nount? | | | _ | | |
| | | No. How much do you actu | ially spend? | | | | | |
| | | Yes | | \$ | | | | |
| 26. | continu | e to pay for the reasonable | and necessary care immediate family wh | and supp no is una | oort of an elderl ble to pay for si | e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may 29A(b). | \$ | 0.00 |
| 27. | | | | | | nses that you incur to maintain the es Act or other federal laws that apply. | | |
| | By law, | , the court must keep the na | ture of these expens | es confic | lential. | | \$ | 0.00 |
| 28. | Additional line 8. | onal home energy costs. \ | our home energy co | sts are ir | ncluded in your | insurance and operating expenses on | | |
| | | pelieve that you have home fill in the excess amount of | | more th | an the home er | nergy costs included in expenses on line | e | |
| | | ust give your case trustee d t claimed is reasonable and | | actual e | xpenses, and y | ou must show that the additional | \$ | 0.00 |
| 29. | \$170.8 | | r your dependent chi | | | e monthly expenses (not more than han 18 years old to attend a private or | | |
| | | ust give your case trustee d d is reasonable and necess | | | | ou must explain why the amount 23. | | |
| | * Subje | ect to adjustment on 4/01/22 | , and every 3 years a | after that | for cases begu | n on or after the date of adjustment. | \$ | 0.00 |
| 30. | higher | | l clothing allowances | in the IR | RS National Sta | ctual food and clothing expenses are ndards. That amount cannot be more | | |
| | | a chart showing the maxim tions for this form. This char | | | | link specified in the separate erk's office. | | |
| | You mu | ust show that the additional | amount claimed is re | asonable | e and necessar | y. | \$ | 0.00 |
| 31. | | uing charitable contributinents to a religious or charita | | | | ntribute in the form of cash or financial | +\$ | 0.00 |
| 32. | | I of the additional expense es 25 through 31. | e deductions. | | | | \$ | 596.43 |

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Debtor 1 Debtor 2 Stephen Tyler Sherrell Maria Anntoinnette Sherrell

| | ctions for Debt Payment | | | | | | |
|------|--|---|-----------|-------------------|---------------------------|---------------|---------------------|
| | or debts that are secured by an interparts, and other secured debt, fill in li | est in property that you own, including homnes 33a through 33e. | ne mort | gages, veh | icle | | |
| | o calculate the total average monthly pareditor in the 60 months after you file for | ayment, add all amounts that are contractually r bankruptcy. Then divide by 60. | due to e | ach secure | d | | |
| | Mortgages on your home: | | | | | | rage monthly ment |
| 33a. | Copy line 9b here | | | | => | \$ | 1,266.14 |
| | Loans on your first two vehicles: | | | | | | |
| 33b. | Copy line 13b here | | | | => | \$_ | 168.05 |
| 33c. | Copy line 13e here | | | | => | \$_ | 116.28 |
| 33d. | List other secured debts: | | | | | | |
| Name | of each creditor for other secured debt | Identify property that secures the debt | | | ayment taxes or ce? | | |
| | | | | = 1 | No | | |
| | BB&T | Household goods | | | Yes . | \$ | 24.57 |
| | | _ | | - ı | No | · – | |
| | | | | _ | vo Yes | \$ | |
| | | | | | 162 | Φ_ | |
| | | | | | No | | |
| | | | | | Yes | +\$ | |
| | | | | | | | |
| | | | | 4 | | Copy total | |
| 33e. | Total average monthly payment. Add I | ines 33a through 33d | \$ | 1,575 | 0.04 | here=> | \$ 1,575.04 |
| | | 3 secured by your primary residence, a vehi support or the support of your dependents? | | | | | |
| | No. Go to line 35. | | | | | | |
| | Yes. State any amount that you must | st pay to a creditor, in addition to the payments | : | | | | |
| | listed in line 33, to keep posse Next, divide by 60 and fill in the | ssion of your property (called the cure amount) | | | | | |
| Nam | listed in line 33, to keep posse Next, divide by 60 and fill in the | ssion of your property (called the cure amount) | | Total cure amount | | | Monthly cure amount |
| | Next, divide by 60 and fill in the | ssion of your property (called the <i>cure amount</i>) e information below. | | amount | | 60 = \$ | |
| | Next, divide by 60 and fill in the se of the creditor | ssion of your property (called the <i>cure amount</i>) e information below. |). | amount | | 50 = \$ | |
| | Next, divide by 60 and fill in the se of the creditor | ssion of your property (called the <i>cure amount</i>) e information below. |). | amount | ÷6 | Сору | |
| | Next, divide by 60 and fill in the se of the creditor | ssion of your property (called the <i>cure amount</i>) e information below. Identify property that secures the debt |). | amount | ÷6 | | |
| -NC | Next, divide by 60 and fill in the se of the creditor ONE- To you owe any priority claims such a | ssion of your property (called the <i>cure amount</i>) e information below. Identify property that secures the debt | sal \$ | amount | ÷6 | Copy total | amount |
| -NC | Next, divide by 60 and fill in the se of the creditor DNE- To you owe any priority claims such a re past due as of the filing date of your own and y | ssion of your property (called the <i>cure amount</i>) e information below. Identify property that secures the debt Totas a priority tax, child support, or alimony - | sal \$ | amount | ÷6 | Copy total | amount |
| -NC | Next, divide by 60 and fill in the se of the creditor DNE- To you owe any priority claims such a re past due as of the filing date of you have a second of the filing date of your second of the sec | ssion of your property (called the <i>cure amount</i>) e information below. Identify property that secures the debt Tot as a priority tax, child support, or alimony - tur bankruptcy case? 11 U.S.C. § 507. | al \$that | amount | ÷6 | Copy total | amount |

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Debtor 1 **Maria Anntoinnette Sherrell** Debtor 2 Case number (if known) 36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e). For more information, go online using the link for Bankruptcy Basics specified in the separate instructions for this form. Bankruptcy Basics may also be available at the bankruptcy clerk's office. No. Go to line 37. ☐ Yes. Fill in the following information. Projected monthly plan payment if you were filing under Chapter 13 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total here=> Average monthly administrative expense if you were filing under Chapter 13 1,575.04 \$ 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 5.802.81 expense allowances Copy line 32, All of the additional expense deductions 596.43 Copy line 37, All of the deductions for debt payment 1,575.04 7.974.28 7.974.28 Total deductions Copy total here.....=> \$ Part 3: **Determine Whether There is a Presumption of Abuse** 39. Calculate monthly disposable income for 60 months 39a. Copy line 4, adjusted current monthly income 10,025.15 39b. Copy line 38, Total deductions 7,974.28 39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Сору 2,050.87 2,050.87 Subtract line 39b from line 39a here=>\$ x 60 For the next 60 months (5 years) Copy 123,052.20 123.052.20 39d. **Total.** Multiply line 39c by 60 39d. \$ here=> 40. Find out whether there is a presumption of abuse. Check the box that applies: ☐ The line 39d is less than \$8,175*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5. ■ The line 39d is more than \$13,650*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Go to Part 5. ☐ The line 39d is at least \$8,175*, but not more than \$13,650*. Go to line 41. *Subject to adjustment on 4/01/22, and every 3 years after that for cases filed on or after the date of adjustment.

Stephen Tyler Sherrell

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| Debtor 1 | | onen Tyler Sherrell | 0- | / | if I man and | | |
|------------|--------|--|-------------------------------|-------------|-----------------------------|----------------|----------------------|
| Debtor 2 | IVIAI | ia Anntoinnette Sherrell | Ca | se number (| ir known) | | |
| 41. | 41a. | Fill in the amount of your total nonpriority unsecured debt. In A Summary of Your Assets and Liabilities and Certain Statistical Schedules (Official Form 106Sum), you may refer to line 3b on the | Information | \$x | .25 | 1 | |
| | 41b. | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 70 Multiply line 41a by 0.25 | | \$ | | Copy here=> | \$ |
| 25 | % of y | ne whether the income you have left over after subtracting all your unsecured, nonpriority debt. le box that applies: | allowed dedu | uctions is | s enough to pa | ıy | |
| | | 39d is less than line 41b. On the top of page 1 of this form, checo Part 5. | ck box 1, There | e is no pre | esumption of ab | ouse. | |
| | | 39d is equal to or more than line 41b. On the top of page 1 of the tumption of abuse. You may fill out Part 4 if you claim special circuit | | | | | |
| Part 4: | Giv | ve Details About Special Circumstances | | | | | |
| | | ve any special circumstances that justify additional expenses a alternative? 11 U.S.C. § 707(b)(2)(B). | or adjustmer | nts of cur | rent monthly i | ncome f | or which there is no |
| □ м | lo. Go | o to Part 5. | | | | | |
| ■ Y | | I in the following information. All figures should reflect your averagm. You may include expenses you listed in line 25. | ge monthly exp | ense or ir | ncome adjustme | ent for ea | ach |
| | ne | ou must give a detailed explanation of the special circumstances the cessary and reasonable. You must also give your case trustee do ljustments. | | | | | |
| | G | Sive a detailed explanation of the special circumstances | | | onthly expens adjustment | se | |
| | F | Prior employment uncertain if returning | | \$ | 1,177. | 33 | |
| | ٧ | Vorkers Comp not long term | | \$ | 2,067. | 58 | |
| | ٧ | Vife's 2nd job ending | | \$ | 628.2 | 25 | |
| | - | Health insurance increase 1/2020 | | \$ | 200.0 | 00 | |
| Part 5: | Sig | gn Below | | | | | |
| | By si | gning here, I declare under penalty of perjury that the information | on this stateme | ent and in | any attachmer | nts is true | and correct. |
| | | | /s/ Maria Ar | | | | |
| | | rephen Tyler Sherrell gnature of Debtor 1 | Maria Annto Signature of D | | Sherrell | | |
| Da | | ecember 23, 2019 M / DD / YYYY | December 2 MM / DD / YY | | | | |

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Stephen Tyler Sherrell Debtor 1 Debtor 2 Maria Anntoinnette Sherrell Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 06/01/2019 to 11/30/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Wages

Income by Month:

| 6 Months Ago: | 06/2019 | \$3,874.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 07/2019 | \$3,190.00 |
| 4 Months Ago: | 08/2019 | \$0.00 |
| 3 Months Ago: | 09/2019 | \$0.00 |
| 2 Months Ago: | 10/2019 | \$0.00 |
| Last Month: | 11/2019 | \$0.00 |
| | Average per month: | \$1,177.33 |

Line 10 - Income from all other sources

Source of Income: Workers Comp

Year-to-Date Income:

Starting Year-to-Date Income: **\$0.00** from check dated **5/31/2019** Ending Year-to-Date Income: \$12,405.48 from check dated 11/30/2019 .

Income for six-month period (Ending-Starting): \$12,405.48 .

Average Monthly Income: \$2,067.58.

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Debtor 1
Debtor 2

Stephen Tyler Sherrell
Maria Anntoinnette Sherrell

Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 06/01/2019 to 11/30/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **BJC** Year-to-Date Income:

Starting Year-to-Date Income: \$\frac{\$25,359.38}{\$62,271.30}\$ from check dated \$\frac{5/31/2019}{\$11/30/2019}\$.

Income for six-month period (Ending-Starting): \$36,911.92 .

Average Monthly Income: \$6,151.99 .

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: St. Lukes

Year-to-Date Income:

Starting Year-to-Date Income: **\$3,544.54** from check dated **5/31/2019**. Ending Year-to-Date Income: **\$7,314.05** from check dated **11/30/2019**.

Income for six-month period (Ending-Starting): \$3,769.51.

Average Monthly Income: \$628.25 .

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | |
|------------|--------------------|--|
| \$245 | filing fee | |
| \$75 | administrative fee | |
| + \$15 | trustee surcharge | |
| \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

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most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee
\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

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Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-47891 Doc 1 Filed 12/23/19 Entered 12/23/19 14:43:26 Main Document Pg 70 of 75

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of Missouri

| In | Stephen Tyler Sherrell re Maria Anntoinnette Sherrell | | Case No. | | | | |
|------|--|---|--|-------------------------|----------------|--|--|
| | mana Annionmotic Grieffen | Debtor(s) | Chapter | 7 | | | |
| | DISCLOSURE OF COMPEN | NSATION OF ATTO | RNEY FOR D | EBTOR(S) | | | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation o | g of the petition in bankruptcy, | or agreed to be paid | to me, for services re | | | |
| | For legal services, I have agreed to accept | | \$ | 800.00 | | | |
| | Prior to the filing of this statement I have received | | \$ | 800.00 | | | |
| | Balance Due | | \$ | 0.00 | | | |
| 2. | The source of the compensation paid to me was: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 3. | The source of compensation to be paid to me is: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 4. | ■ I have not agreed to share the above-disclosed compe | ensation with any other person | unless they are men | nbers and associates o | f my law firm. | | |
| | ☐ I have agreed to share the above-disclosed compensa copy of the agreement, together with a list of the name | | | | aw firm. A | | |
| 5. | In return for the above-disclosed fee, I have agreed to rer | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | |
| | a. Analysis of the debtor's financial situation, and renderb. Preparation and filing of any petition, schedules, statec. Representation of the debtor at the meeting of creditord. [Other provisions as needed] | ement of affairs and plan which rs and confirmation hearing, ar | may be required; d any adjourned he | arings thereof; | | | |
| | Negotiations with secured creditors to re reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hou | ns as needed; preparation | | | | | |
| 5. | By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any disc any other adversary proceeding. | does not include the following chargeability actions, judi | service: cial lien avoidand | es, relief from sta | y actions or | | |
| | | CERTIFICATION | | | | | |
| this | I certify that the foregoing is a complete statement of any s bankruptcy proceeding. | agreement or arrangement for | payment to me for | representation of the c | lebtor(s) in | | |
| | December 23, 2019 | /s/ Michael Tosca | no | | | | |
| | Date | Michael Toscano Signature of Attorne | | | | | |
| | | Toscano & Wilso | * | | | | |
| | | 10880 Baur Blvd | 2122 | | | | |
| | | Saint Louis, MO ((314) 801-1335 F | | 6 | | | |
| | | courts@twlawstl | • • | | | | |
| | | Name of law firm | | | | | |

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United States Bankruptcy Court Eastern District of Missouri

| In re | Stephen Tyler Sherrell Maria Anntoinnette Sherrell | | Case No. | |
|----------------|---|----------------------|--------------|---|
| 111 10 | Maria Arintonniette Sherren | Debtor(s) | Chapter | 7 |
| | VERIFICAT | ION OF CREDITOR I | MATRIX | |
| contai comp | The above named debtor(s) hereby certaining the names and addresses of my crealete. | • | | |
| | | /s/ Stephen Tyler Sh | nerrell | |
| | | Stephen Tyler Sher | rell | |
| | | Debtor | | |
| | | /s/ Maria Anntoinne | tte Sherrell | |
| | | Maria Anntoinnette | Sherrell | |
| | | Joint Debtor | | |
| | | Dated: December | er 23, 2019 | |

AT&T PO Box 5014 Carol Stream, IL 60197

BB&T Attn: Bankruptcy Po Box 1847 Wilson, NC 27894

BB&T Attn Credit Disputes Dept Clemmons, NC 27012

Bioreference Laboratories Patient Pay PO Box 21134 New York, NY 10087

BJC Health Care PO Box 958410 Saint Louis, MO 63195

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Po Box 30281 Salt Lake City, UT 84130

Cmg Mortgage Inc 3160 Crow Canyon San Ramon, CA 94583

Comenity Bank/Victoria Secret Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity Bank/Victoria Secret Po Box 182789 Columbus, OH 43218

Consumer Adjustment Co c/o William Whealen 11970 Borman Dr., Ste 250 Saint Louis, MO 63146

Credit Collection Service Attn: Bankruptcy Po Box 773 Needham, MA 02494 Credit Collection Service Po Box 447 Norwood, MA 02062

Credit First National Association Attn: Bankruptcy Po Box 81315 Cleveland, OH 44181

Credit First National Association Pob 81315 Cleveland, OH 44181

ERC/Enhanced Recovery Corp Attn: Bankruptcy 8014 Bayberry Road Jacksonville, FL 32256

ERC/Enhanced Recovery Corp Po Box 57547 Jacksonville, FL 32241

FedLoan Servicing Attn: Bankruptcy Po Box 69184 Harrisburg, PA 17106

FedLoan Servicing Pob 60610 Harrisburg, PA 17106

First Community Credit Union Attn: Bankruptcy Po Box 1030 Chesterfield, MO 63006

First Community Credit Union 15715 Manchester Ellisville, MO 63011

Mercy East PO Box 505381 Saint Louis, MO 63150

Midwest Radiological Associates, PC PO Box 38900 Saint Louis, MO 63138

Mr. Cooper Attn: Bankruptcy 8950 Cypress Waters Blvd Coppell, TX 75019 Mr. Cooper 350 Highland Houston, TX 77067

Navient Attn: Bankruptcy Po Box 9640 Wiles-Barr, PA 18773

Navient Po Box 9655 Wilkes Barre, PA 18773

Radius Global Solutions PO Box 390915 Minneapolis, MN 55439

Synchrony Bank Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Synchrony Bank Po Box 965007 Orlando, FL 32896

Synchrony Bank/Lowes Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Lowes Po Box 956005 Orlando, FL 32896

TEK Collect PO Box 1269 Columbus, OH 43216

Teresa Sorden 117 Meadow Lane Festus, MO 63028

Teresa Sorden c/o Charles Wooten 10438 Hwy 21 PO Box 888 Hillsboro, MO 63050

Transworld Systems Inc PO BOX 15270 Wilmington, DE 19850

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Washington University Physicians PO BOX 505462 Saint Louis, MO 63150

West County Radiological Group Inc. 11475 Olde Cabin Rd. Ste 200 Saint Louis, MO 63141